



THOMAS L. GARTHWAITE, M.D.
Director and Chief Medical Officer

FRED LEAF
Chief Operating Officer

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
313 N. Figueroa, Los Angeles, CA 90012
(213) 240-

BOARD OF SUPERVISORS

Gloria Molina
First District

Yvonne Brathwaite Burke
Second District

Zev Yaroslavsky
Third District

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Michael D. Antonovich
Fifth District

June 19, 2003

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**APPROVAL OF 15 COMMUNITY HEALTH COVERAGE OUTREACH, ENROLLMENT,
UTILIZATION AND RETENTION SERVICE AGREEMENTS**
(All Districts) (3 Votes)

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve and instruct the Director of Health Services or his designee, to offer and sign agreements, substantially similar to Exhibit I, with the 15 providers identified on Attachment B for the provision of community-based health coverage outreach, enrollment, utilization, and retention services, for a total County maximum obligation of \$4,101,930 effective upon date of Board approval through June 30, 2004, 100% offset by the Los Angeles County Children and Families First Proposition 10 Commission (First 5 LA) funds for the Healthy Kids Initiative, with provisions for up to four 12-month automatic renewals based on each agency's performance and availability of funds. Of the 15 providers identified, ten were selected through a Request For Proposal process and five are sole source agreements. Four of the sole source providers were selected because of their unique qualifications as public agencies with direct access to the target population and the last one was selected because of its experience and history providing the services.
2. Authorize and delegate authority to the Director of Health Services, or his designee, to authorize the increase or decrease of the 15 agreements up to 15% of the contract's maximum obligation based on each agency's performance and/or availability of funds, during the term of the agreement (including any automatic renewal periods) and upon review by County Counsel.
3. Authorize the Department of Health Services to fill four Full-Time Equivalent (FTE) positions as detailed in Attachment C, in excess of what is provided for in the Department's staffing ordinance, pursuant to Section 6.06.020 of the County Code pending allocation by the Department of Human Resources.

PURPOSE/JUSTIFICATION OF THE RECOMMEND ACTIONS:

In approving these actions, the Board is authorizing and delegating authority to the Director of Health Services, or his designee to:

- offer and sign agreements, substantially similar to Exhibit I, with the 15 providers identified on Attachment B, for a total County maximum obligation of \$4,101,930, effective upon date of Board approval through June 30, 2004, 100% offset by First 5 LA funds for their Healthy Kids Initiative, with provisions for four 12-month automatic renewals based on each agency's performance and availability of funds.
- authorize the increase or decrease of the 15 agreements up to 15% of the contracts' maximum obligations based on each agency's performance and availability of funds, during the term of the agreement (including any automatic renewal periods), and upon review by County Counsel.
- fill four FTE positions as detailed in Attachment C, in excess of what is provided for in the Department's staffing ordinance, pursuant to Section 6.06.020 of the County Code pending allocation by the Department of Human Resources.

Board approval of these actions will enable the Department of Health Services (DHS) to implement the outreach, enrollment, utilization, and retention component of the Healthy Kids Initiative Countywide.

FISCAL IMPACT/FINANCING:

On May 13, 2003, the Board approved an agreement with First 5 LA allocating funds to expand access to health services for children.

The total program cost for Fiscal Year 2003-04 is \$4,660,776, 100% offset by First 5 LA funds. The County's total maximum obligation for the 15 agreements is \$4,101,930, effective date of Board approval through June 30, 2004. The remaining \$558,846 is for program personnel and operating expenditures.

Funding is included in the Fiscal Year 2003-04 Proposed Budget. Adjustments to realign funding for personnel costs will be included in the Supplemental Resolution phase of the Budget process. There are no net County costs associated with this action.

FACTS AND PROVISIONAL/LEGAL REQUIREMENTS:

On July 11, 2002, First 5 LA approved \$100 million over five years to fund Healthy Kids, an initiative to provide universal health coverage to children ages 0-5. The Healthy Kids Initiative provides outreach and health coverage for children ages 0-5 who are at up to 300% of the Federal Poverty Level (FPL) and who are not eligible for Medi-Cal or Healthy Families. The Initiative also funds outreach and enrollment services for other health coverage programs such as Medi-Cal and Healthy Families.

On March 13, 2003, the First 5 LA Commission approved a strategic partnership with DHS for up to \$4,660,776 per year for five years for DHS to administer the outreach, enrollment, retention, and utilization component of Healthy Kids. DHS currently administers a similar program that is funded through Long Term Family Self Sufficiency which expires on June 30, 2003.

On May 13, 2003, the Board of Supervisors approved an agreement with First 5 LA in the amount of \$4,660,776 for the administration of the health coverage outreach, enrollment, utilization, and retention component of the Healthy Kids Initiative for the period of July 1, 2003 through June 30, 2004.

The 15 agreements will allow community-based agencies, private/public collaborative efforts of schools and local health departments, to enroll children into Medi-Cal, Healthy Kids, and other health coverage programs within Los Angeles County.

The DHS System Redesign will not impact these actions since the program is 100% offset by First 5 LA funds.

Exhibit I has been approved as to use and form by County Counsel.

Attachments A, B, and C provide additional information. Attachment D is the Grant Management Statement which the Board instructed all County departments to include in all Board letters for grants exceeding \$100,00.

CONTRACTING PROCESS:

On February 28, 2003, DHS released a Request for Proposals (RFP) to identify qualified agencies to provide Community Health Coverage Outreach, Enrollment, Utilization, and Retention services. DHS received 45 proposals to the RFP. Of the 45 proposals, 15 contractors were selected based on criteria set forth in the RFP. The RFP was advertised in 13 area newspapers and was posted on the LA County Online and LA Public Health websites.

The recommended agreements with Los Angeles Unified School District (LAUSD), Los Angeles Office of Education (LACOE), and the cities of Long Beach and Pasadena for outreach, enrollment, and retention services are sole source agreements based on the agencies' unique qualifications as public agencies with direct access to the target population.

The recommended agreement with National Health Foundation (NHF) for health coverage training services is also a sole source agreement based on the agency's unique experience and history with providing this service. National Health Foundation currently contracts with DHS for health coverage training services under a Long Term Family Self Sufficiency (LTFSS) contract. An RFP was released for health coverage training services with only two agencies submitting proposals, NHF and Maternal Child Health Access (MCHA). Currently, NHF subcontract with MCHA. There are no other agencies in Los Angeles County providing the comprehensive training offered by these two agencies.

Training on the full range of health coverage options will be mandatory for all staff of the 15 contractor agencies, and will be available to other people and agencies in the County doing health coverage outreach and enrollment work.

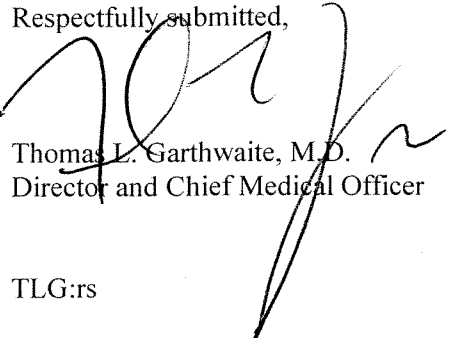
IMPACT ON CURRENT SERVICES (OR PROJECTS):

Approval of the recommendations will allow DHS to continue the private/public collaborative efforts of schools, local health departments, and community-based agencies to enroll children into Medi-Cal, Healthy Families, Healthy Kids, and other health coverage programs for which they may be eligible.

The Honorable Board of Supervisors
June 19, 2003
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When approved, this Department requires three signed copies of the Board's action.

Respectfully submitted,



Thomas L. Garthwaite, M.D.
Director and Chief Medical Officer

TLG:rs

Attachments (5)

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors

BLETCD2907:RB
5/13/03

SUMMARY OF AGREEMENT

1. TYPE OF SERVICE:

Community Health Coverage Outreach, Enrollment, Utilization and Retention services for Healthy Kids, Medi-Cal, Healthy Families and other no and low cost health coverage programs to increase access to healthcare.

2. CONTRACT RECOMMENDATIONS:

See Attachment B.

3. TERM:

Effective upon date of Board approval through June 30, 2004, with four 12-month automatic renewals through Fiscal Year (FY) 2007-08.

4. FINANCIAL INFORMATION:

On May 13, 2003, the Board approved an agreement with First 5 LA allocating funds to expand access to health services for children.

The total program cost for Fiscal Year (FY) 2003-04 is \$4,660,776, 100% offset by First 5 LA funds. The County's total maximum obligation for the 15 agreements is \$4,101,930, effective date of Board approval through June 30, 2004. The remaining \$558,846 is for program personnel and operating expenditures.

Funding is included in the FY 2003-04 Proposed Budget. Adjustments to realign funding for personnel costs will be included in the Supplemental Resolution phase of the Budget process. There are no County costs associated with this action.

5. GEOGRAPHIC AREAS SERVED:

Countywide.

6. ACCOUNTABLE FOR MONITORING:

Cynthia Harding, Director, Maternal, Child, and Adolescent Health
Telephone: (213) 639-6400

7. APPROVALS:

Public Health:	John F. Schunhoff, Ph.D., Chief of Operations
Contracts and Grants Division:	Riley J. Austin, Acting Chief
County Counsel (approval as to form)	Christina A. Salseda, Deputy County Counsel

**COMMUNITY HEALTH COVERAGE; OUTREACH, ENROLLMENT AND RETENTION SERVICES
CONTRACTOR RECOMMENDATIONS**

SERVICE PLANNING AREA BASED SERVICES			
Contractor/Contact Person		Contact Term 7/03-6/04	Maximum Obligation
1.	Catholic Healthcare West Southern California DBA California Hospital Medical Center 1401 South Grand Avenue Los Angeles, California 90015 (213) 742-5893 FAX (213)742-5875 Mark Meyers, President <u>SPA:</u> 4 and 6	\$347,858	\$347,858
2.	Citrus Valley Health Partners 1115 South Sunset Avenue West Covina, California 91790 (626) 938-7577 FAX (626) 859-5865 James T. Yoshioka, President <u>SPA:</u> 3	\$346,729	\$346,729
3.	Community Health Councils, Inc. 3761 Stocker, Suite 201 Los Angeles, California 90008 (323) 295-9372 FAX (323) 295-9467 Lark Galloway-Gilliam, Executive Director <u>SPA:</u> 6 and 8	\$382,116	\$382,116
4.	Crystal Stairs, Inc. 650 W. Adams Blvd, Suite 100 Los Angeles, California 90007 (323) 421-1126 FAX (323) 421-2480 Alice Walker-Duff, Ph.D., Executive Director <u>SPA:</u> 6, 7, and 8	\$630,071	\$630,071

**COMMUNITY HEALTH COVERAGE; OUTREACH, ENROLLMENT AND RETENTION SERVICES
CONTRACTOR RECOMMENDATIONS**

5.	Glendale Adventist Medical Center 1509 Wilson Terrace Glendale, CA 91206-4007 (818) 409-8008 FAX (818)546-5688 Bruce Nelson, Director of Community Services <u>SPA: 2</u>	\$238,881	\$238,881
SERVICE PLANNING AREA BASED SERVICES CONTINUED			
	Contractor/Contact Person	Contact Term 7/03-6/04	Maximum Obligation
6.	Alta Med Health Services Corporation 500 Citadel Drive, Suite 490 Los Angeles, CA 90040 (323) 889-7342 FAX (323) 889-7399 Castulo de la Rocha, President <u>SPA: 7</u>	\$321,970	\$321,970
7.	Maternal and Child Health Access 1111 West 6th Street, Suite 400 Los Angeles, California 90017-1800 (213) 749-4261 FAX (213) 745-1040 Lynn Kersey, Executive Director <u>SPAs: 4 and 6</u>	\$350,000	\$350,000
8.	Asian Pacific Health Care Venture, Inc. 1530 Hillhurst Avenue, Suite 200 Los Angeles, California 90027 (323) 644-3880 FAX (323) 644-3892 Kazue Shibata, Executive Director <u>SPAs: 2, 3, 4, and 7</u>	\$302,525	\$302,525

**COMMUNITY HEALTH COVERAGE; OUTREACH, ENROLLMENT AND RETENTION SERVICES
CONTRACTOR RECOMMENDATIONS**

9.	Tarzana Treatment Center, Inc. 18646 Oxnard Street Tarzana, California 91356 (818) 996-1051 FAX (818) 345-3778 Albert M. Senella, Chief Operating Officer <u>SPAs: 1 and 2</u>	\$304,296	\$304,296
10.	Venice Family Clinic 604 Rose Avenue Venice, California 90291 (310) 644-7901 FAX (310) 314-7641 Elizabeth Benson Forer, Executive Director <u>SPA: 5</u>	\$144,592	\$144,592
SPA BASED TOTAL		\$3,369,038	\$3,369,038
TRAINING			
11.	Contractor/Contact Person	Contact Term 7/03-6/04	Maximum Obligation
	National Health Foundation 515 South Figueroa Street Los Angeles, California 90071 (213) 538-0708 FAX (213) 629-4272 Marlene Larson, Vice President, COO Service Area: Countywide	\$250,000	\$250,000
TRAINING TOTAL		\$250,000	\$250,000

**COMMUNITY HEALTH COVERAGE; OUTREACH, ENROLLMENT AND RETENTION SERVICES
CONTRACTOR RECOMMENDATIONS**

CITY SOLE SOURCE AGREEMENTS			
	Contractor/Contact Person	Contact Term 7/03-6/04	Maximum Obligation
12.	City of Long Beach Department of Health and Human Services 2525 Grand Avenue Long Beach, CA 90815 Ronald R. Arias, Director Service Area: City of Long Beach	\$132,892	\$132,892
13.	City of Pasadena Public Health Department 1845 N. Fair Oaks Avenue Pasadena, CA 91103 Cynthia Kurtz, City Manager Service Area: City of Pasadena	\$50,000	\$50,000
CITY SOLE SOURCE TOTAL		\$182,892	\$182,892
SCHOOL BASED SOLE SOURCE AGREEMENTS			
	Contractor/Contact Person	Contact Term 7/03-6/04	Maximum Obligation
14.	Los Angeles County Office of Education 9300 Imperial Highway, Room 312 Downey, California 90242 (562) 922-6381 FAX (562) 922-6299 Phil Kauble, Director Service Area: Countywide	\$150,000	\$150,000

**COMMUNITY HEALTH COVERAGE; OUTREACH, ENROLLMENT AND RETENTION SERVICES
CONTRACTOR RECOMMENDATIONS**

15.	Los Angeles Unified School District 644 West 17 th Street Los Angeles, California 90015 (213) 241-3096 FAX (213) 241-8945 Sharon Thomas, Contract Supervisor Service Area: Countywide	\$150,000	\$150,000
SCHOOL BASED SOLE SOURCE TOTAL		\$300,000	\$300,000

SERVICE	Contact Term 7/03-6/04	Maximum Obligation
SPA BASED TOTAL	\$3,369,038	\$3,369,038
TRAINING SOLE SOURCE TOTAL	\$250,000	\$250,000
CITY SOLE SOURCE TOTAL	\$182,892	\$182,892
SCHOOL BASED SOLE SOURCE TOTAL	\$300,000	\$300,000
PROJECT TOTAL	\$4,101,930	\$4,101,930

**MATERNAL, CHILD, AND ADOLESCENT HEALTH
CHILDREN'S HEALTH INITIATIVES
POSITION ALLOCATION REQUEST
PERSONNEL DETAIL**

A. Position Requested: **RESEARCH ANALYST III** Number of Position(s): 1

The additional position(s) is/are needed to:

This position is responsible for planning and conducting the evaluation for the \$4.6 million Healthy Kids Outreach and Enrollment initiative. This evaluation will be conducted using a highly complex DHS-designed, internet-based data system and entails rigorous and systematic data collection, interpretation, and evaluation to determine the most effective enrollment strategies as well as key factors associated with health insurance retention. It also includes development of oral and written evaluation reports and recommendations for submission to key stakeholders.

<u>Proposed Duties (List in order of importance):</u>	<u>Percent of Time</u>
1. Develops research hypotheses regarding most effective enrollment strategies and factors associated with retention of benefits and develops a research plan and methodologies for testing these hypotheses through complex data analysis. Consults with departmental personnel in the development of evaluation design.	20%
2. Collaborates with Public Health Information Systems staff in the implementation and management of DHS-designed data system, including the development and programming of computer generated evaluation reports, and ongoing troubleshooting of data system for staff at community-based agencies.	10%
3. Provides ongoing training to staff at community based agencies on data collection forms and techniques. Collaborates with information systems consultant to provide training to staff at community-based agencies on use of DHS data system.	5%
4. Downloads data from internet-based data system and conducts analyses utilizing software applications such as SAS and SPSS. Conducts complex statistical analyses of evaluation data and interprets data to determine most effective enrollment and retention strategies.	25%
5. Conducts reviews of data collection forms and reports completed by staff at community-based agencies, and routinely cleans data to ensure data validity and reliability. Provides technical assistance to community-based agencies to resolve user problems, determine user needs, and devise data processing	20%

RESEARCH ANALYST III
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- reports and procedures that meet user needs.
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| 6. Collaborates with community-based agencies and contract monitors to develop quality assurance mechanisms and appropriate quality improvement plans. | 10% |
| 7. Consults with inter- and intra-departmental managers to ensure that DHS data system and data collection methods are HIPAA compliant. Analyzes and interprets legislation and guidelines to ensure Community Health Coverage project meets all appropriate regulations. | 2% |
| 8. Trains and supervises work of technical and clerical personnel assisting with implementation of evaluation, data analysis, and reporting. | 3% |
| 9. Prepares oral and written progress and evaluation reports based on data analysis and research findings, and makes recommendations to key stakeholders regarding program improvements. | 5% |

100%

Justification:

This project necessitates a high level staff person to be responsible for project evaluation. This evaluation is a mandated part of the project. Current net County cost-funded staff in the unit have other responsibilities in addition to Healthy Kids. If the request is not approved, DHS will not have the staff necessary to evaluate this \$4.6 million project, which may result in loss of this funding. Loss of the Healthy Kids Outreach and Enrollment grant will also result in loss of patient care revenue for DHS, since outreach and enrollment efforts will result in additional insured children seeking care at DHS facilities. (DHS facilities comprise a significant portion of the Healthy Kids provider network.)

**MATERNAL, CHILD, AND ADOLESCENT HEALTH
CHILDREN'S HEALTH INITIATIVES
POSITION ALLOCATION REQUEST
PERSONNEL DETAIL**

Position Requested: **SR CONTRACT PROGRAM AUDITOR** Number of Position(s): 1

The additional position(s) is/are needed to:

This position is responsible for contract management and monitoring for the \$4.6 million Healthy Kids Outreach and Enrollment initiative, and assists the Staff Analyst, Health in all aspects of project administration. The majority of funding for this project is allocated to contract agencies, including community-based organizations, schools, and local health departments. The Sr. Contract Program Auditor is the highest level staff person being requested for funding on this grant, and will serve as project manager when the Staff Analyst, Health (the position's supervisor) is working on other projects.

<u>Proposed Duties (List in order of importance):</u>	<u>Percent of Time</u>
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| 1 | Assists in directing a professional staff of contract managers in their duties of negotiating contracts, contract management and conducting programmatic and administrative monitoring of contractors providing outreach, enrollment, utilization and retention services. | 15% |
| 2 | Manages assigned contracts, including monitoring expenditures to ensure budgetary compliance, prepares budget modifications, ensures accuracy and compliance with reporting and data requirements, approves invoices and ensures agency maintains inventory of purchased equipment. | 40% |
| 3 | Conducts programmatic, administrative, and fiscal monitoring of contractors, identifies and reports areas of non-compliance and makes recommendations to correct deficiencies. | 25% |
| 4 | Assists in the development and execution of policies and procedures related to contract management and monitoring, and preparation of contracts and Requests for Proposals to be applied to all contracts within Maternal, Child, and Adolescent Health programs. | 5% |
| 5 | Develops appropriate guidelines, standards, and procedures for the evaluation of existing contracts in terms of quality and quantity of services provided. | 5% |
| 6 | Conducts site visits to resolve unusual or critical problems and to provide technical assistance to contractors to help them meet the objectives in their scopes of work. | 5% |

SR CONTRACT PROGRAM AUDITOR

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| 7 | Prepares progress reports including quarterly, semi-annual and year end; collects, compiles, and summarizes data/statistics, and prepares correspondence required/requested by grantor. | 5% |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|

100%

Justification:

The majority of funding for the Healthy Kids Outreach and Enrollment initiative is being awarded to contractors. This necessitates a position to manage and monitor these contracts, and assist with overall project management, as current net County cost-funded staff in the unit have other responsibilities in addition to Healthy Kids. If the request is not approved, DHS will not have the staff necessary to administer this \$4.6 million project, which may result in loss of this funding. Loss of the Healthy Kids Outreach and Enrollment grant will also result in loss of patient care revenue for DHS, since outreach and enrollment efforts will result in additional insured children seeking care at DHS facilities. (DHS facilities comprise a significant portion of the Healthy Kids provider network.)

**MATERNAL, CHILD, AND ADOLESCENT HEALTH
CHILDREN'S HEALTH INITIATIVES
POSITION ALLOCATION REQUEST
PERSONNEL DETAIL**

Position Requested: **ADMINISTRATIVE ASSISTANT III** Number of Position(s): 1

The additional position(s) is/are needed to:

This position is responsible for program administration of the \$4.6 million Healthy Kids Outreach and Enrollment initiative, and assists the Sr. Contract Program Auditor with programmatic monitoring. The majority of funding for this project is allocated to contract agencies, including community-based organizations, schools, and local health departments. The Sr. Contract Program Auditor is the highest level staff person being requested for funding on this grant, and will serve as project manager when the Staff Analyst, Health (the position's supervisor) is working on other projects.

<u>Proposed Duties (List in order of importance):</u>	<u>Percent of Time</u>
1. Participates in budget planning at the decision making level for the Healthy Kids project, including drafting and revising budgets, budget justifications, and budget modifications for contracted agencies.	20%
2. Analyzes and evaluates contractor monthly reports and other data from contractors to assess extent to which program goals and objectives are being achieved. Develops recommendations for solutions of problems identified and prepares written outcome reports, which define and report problem areas and identify strategies to resolve them.	20%
3. Assists with on-site programmatic reviews to validate and verify numerical objectives reported.	15%
4. Reviews contractors' corrective action plans and oversees contractors' implementation of such plans. Conducts follow-up site-visits to ensure agency implementation of corrective action plan and prepares written outcome report.	15%
5. Develops recommendations for standardized processes at contractor sites and drafts associated policies and procedures for CHOI Director approval and presentation to DHS managers and contractors.	10%
6. Formulates recommendations for organizational efficiencies, including modification of existing processes.	10%
7. Tracks and analyzes pending and adopted legislation related to health insurance programs, health care reforms, and rules of regulatory bodies.	5%

ADMINISTRATIVE ASSISTANT III

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8. Assists in providing contracted agencies with technical assistance and troubleshooting regarding DHS internet-based data system. 5%
Assists in the analyses of Community Health Coverage outreach, enrollment, utilization and retention data.

100%

Justification:

This position necessitates a high level staff person who has the analytical skills to make programmatic decisions and the organizational skills to manage day-to-day operations. Current net County cost-funded staff in the unit have other responsibilities in addition to Healthy Kids. If the request is not approved, DHS will not have the staff necessary to administer this \$4.6 million project, which may result in loss of this funding. Loss of the Healthy Kids Outreach and Enrollment grant will also result in loss of patient care revenue for DHS, since outreach and enrollment efforts will result in additional insured children seeking care at DHS facilities. (DHS facilities comprise a significant portion of the Healthy Kids provider network.)

Position Requested: **ACCOUNTING TECHNICIAN II** Number of Position(s): 1

Gathers and posts expenditures, and processes subcontract invoices for the Los Angeles County Children and Families First Proposition 10 Commission for the Healthy Kids Initiative Program. This information is needed to prepare and submit reimbursement claim to the Los Angeles County Children and Families First Proposition 10 Commission. This includes the preparation of accounting worksheets and maintaining of expenditure documents supporting reimbursement claims for audit purposes. This information is also used to prepare the monthly Grant Expenditure Reports, which provides critical information to the Program Executive Director and Program Team Leaders on the status of utilization of their grant allocation.

1.	Gather expenditures information data (i.e. salaries, employee benefits, mileage, contracts payments, and other operating expenses) from Payroll Report and Countywide Accounting and Procurement Systems (CAPS).	15%
2.	Gather and make copies of backup documentation such payment vouchers, invoices, journal vouchers, internal vouchers, and other related document to support expenditures information.	10%
3.	Prepare worksheets detailing actual expenditures for the preparation of monthly Grant Expenditure Reports.	10%
4.	Prepare reimbursement claims to funding agencies according to the established guideline, contract requirements and applicable accounting procedures.	15%
5.	Post services and supplies requisition requests (HS2) based on the approved budget and reconcile requisition log with expenditures information gather from CAPS for accuracy. Follow up with any discrepancy.	5%

ACCOUNTING TECHNICIAN II
Page 2

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| 6. | Set up encumbrances for Board approved contracts according to applicable County procedures and contract terms. | 10% |
| 7. | Review subcontract invoices for accuracy and compliance with approved budget and prepare payment vouchers for payment. | 15% |
| 8. | Input payment vouchers onto CAPS on-line for payment processing according to established procedures. | 10% |
| 9. | Maintain accounting records to support payment made to subcontractors and reimbursement claims billed to grant agency for potential audits. | 8% |
| 10 | Prepare journal vouchers to correct accounting transaction posting errors and transfer expenditure or revenue to the correct cost centers and accounts. | 2% |

100%

Justification:

(Please consider following questions: What necessitated this request? What alternatives were evaluated prior to submitting a request for additional staffing? What are the implications to your department if the request is not approved?)

This position is being requested to gather expenditure information and provide fiscal monitoring functions related to the acceptance of the Healthy Kids Initiative Program grant in the amount of \$4.6 million. This information is required to prepare monthly reports and reimbursement claims.

This position was prompted by the agreement from the Los Angeles County Children and Families First Proposition 10 Commission, which will fund this position.

Filling of this position is critical since this position not only performs fiscal monitoring functions but also directly handles the reimbursement claims to the funding agency. Failure to fill this position will limit our ability to perform adequate fiscal monitoring functions as required by the funding agency and to submit reimbursement request accurately and timely, which may result in the loss of grant funds and unfavorable audit exceptions.

Los Angeles County Chief Administrative Office
Grant Management Statement for Grants Exceeding \$100,000

Department: Health Services

Grant Project Title and Description

AGREEMENT WITH THE LOS ANGELES COUNTY CHILDREN AND FAMILIES FIRST PROPOSITION 10 COMMISSION (First 5 LA) FOR COMMUNITY HEALTH COVERAGE

Funding Agency	Program (Fed. Grant #/State Bill or Code #)	Grant Acceptance Deadline
Proposition 10 funding		June 30, 2004

Total Amount of Grant	\$4,660,776	County Match Requirements	N/A
Grant Period: FY's 2003-04	Begin Date: July 1, 2003	End Date:	June 30, 2004
Number of Personnel Hired Under this	Four	Full Time	X Part

Obligations Imposed on the County When the Grant Expires

Will all personnel hired for this program be informed this is a grant funded program?	Yes	X	No
Will all personnel hired for this program be placed on temporary ("N") items?	Yes	X	No
Is the County obligated to continue this program after the grant expires	Yes	No	X
If the County is not obligated to continue this program after the grant expires, the Department will:			
a). Absorb the program cost without reducing other services	Yes	No	X
b). Identify other revenue sources	Yes	No	X
(Describe)			
c). Eliminate or reduce, as appropriate, positions/program costs funded by this grant.	Yes	X	No

Impact of additional personnel on existing space: Space is available to accommodate new staff

Other requirements not mentioned above none

Department Head _____ Date _____

EXHIBIT I

Contract No. _____
(Cost)

COMMUNITY HEALTH COVERAGE AGREEMENT:
(OUTREACH, ENROLLMENT, UTILIZATION AND RETENTION SERVICE)

THIS AGREEMENT is made and entered into this _____ day
of _____, 2003,

by and between

COUNTY OF LOS ANGELES
(hereafter "County"),

and

(hereafter "Contractor").

WHEREAS, California Health and Safety Code Section 101025 places upon County's Board of Supervisors the duty to preserve and protect the public's health; and

WHEREAS, California Health and Safety Code Section 101000 requires County's Board of Supervisors to appoint a County Health Officer, who is also the Director of County's Department of Health Services, to prevent the spread or occurrence of contagious, infectious, or communicable diseases within the jurisdiction of County; and

WHEREAS, California Health and Safety Code Section 101030 requires the County Health Officer to enforce and observe all orders, ordinances, rules, regulations and statutes relating to the public health;

WHEREAS, County is authorized by Government Code Section 26227 and otherwise to contract for services hereunder; and

WHEREAS, the term "Director" as used herein refers to County's Director of Department of Health Services or his/her authorized designee(s); and

WHEREAS, Contractor is duly licensed and certified under the laws of the State of California to engage in the business of providing Community Health Coverage services, including the provision of community-based outreach and enrollment services for Medi-Cal, Healthy Families, and other health coverage programs, as a means of increasing access to health care, further described hereunder; and

WHEREAS, Contractor was selected to participate in County's Community Health Coverage Program as a result of a February 28, 2003 Request-for-Proposals process conducted by County's Department of Health Services ("DHS"); and

WHEREAS, County's DHS believes it is in the best interest of the residents of County to obtain these services by contract; and

WHEREAS, Contractor is willing to provide the services described herein for and in consideration of the payments provided under this Agreement and under the terms and conditions hereafter set forth.

NOW, THEREFORE, the parties hereto agree as follows:

1. TERM: This Agreement shall be effective upon the date of Board approval, and shall continue, unless sooner terminated or canceled, in full force and effect to midnight June 30, 2004. Said agreement shall thereafter be automatically renewed for one (1) year terms, for a maximum of four (4) years to June 30, 2008, without further action by either party. This Agreement may be terminated, with or without cause, by Contractor upon giving of at least thirty (30) calendar days advance written notice to County. County may terminate this Agreement in accordance with the TERMINATION Paragraphs of the ADDITIONAL PROVISIONS hereunder. In any event, this Agreement shall finally expire on June 30, 2008.

Director may also suspend the performance of services hereunder, in whole or in part, effective upon Contractor's receipt of County's written notice. County's notice shall set forth the reasons for the suspension, the extent of the suspension, and the requirements for full restoration of the performance obligations.

County shall not be obligated for Contractor's performance hereunder or by any provision of this Agreement during any of County's fiscal years (July 1 - June 30) unless and until County's Board of Supervisors appropriates funds for this

Agreement in County's Budget for each fiscal year. If County's Board of Supervisors fails to appropriate funds for any fiscal year, this Agreement shall be deemed to have terminated June 30th of the prior fiscal year. County shall notify Contractor in writing of such non-allocation of funds at the earliest possible date.

Notwithstanding any other provision of this Agreement, the failure of Contractor or its officers, agents, or employees to comply with the terms of this Agreement or any written directives by or on behalf of County issued pursuant hereto shall constitute a material breach hereto and this Agreement may be terminated by County immediately. County's failure to exercise this right of termination shall not constitute a waiver of such right, which may be exercised at any subsequent time.

In the event of termination or suspension of this Agreement, Contractor shall:

A. If clients/patients are treated hereunder, make immediate and appropriate plans to transfer or refer all clients/patients treated under this Agreement to other agencies for continuing care in accordance with the client's/patient's needs. Such plans shall be approved by Director, except in such instance, as determined by Contractor, where an immediate client/patient transfer or

referral is indicated. In such instances, Contractor may make an immediate transfer or referral.

B. Immediately eliminate all new costs and expenses under this Agreement. New costs and expenses include, but are not limited to, those associated with new client/patient admissions. In addition, Contractor shall immediately minimize all other costs and expenses under this Agreement. Contractor shall be reimbursed only for reasonable and necessary costs or expenses incurred after receipt of notice of termination.

C. Promptly report to County in writing all information necessary for the reimbursement of any outstanding claims and continuing costs.

2. DESCRIPTION OF SERVICES: Contractor shall provide the services described in Exhibit A, attached hereto and incorporated herein by reference.

3. MAXIMUM OBLIGATION OF COUNTY:

A. During the period commencing upon the date of Board approval through June 30, 2004, the maximum obligation of County for all services provided under this Agreement shall not exceed _____ Dollars (\$_____). Such maximum obligation is comprised entirely of Los Angeles County Children and Families First Proposition 10 Commission (First

5 LA) funds. The maximum four (4) automatic renewals shall be subject to the same maximum obligation as the period of Board approval through June 30, 2004. The sum represents the total maximum obligation of County as shown in Schedule 1, attached hereto and incorporated herein by reference.

4. FUNDING/SERVICES ADJUSTMENTS AND REALLOCATIONS:

A. If sufficient monies are available from Federal, State, or County funding sources, and upon Director's specific written approval, County may require additional services and pass on to Contractor an increase to the applicable County maximum obligation as payment for such services, as determined by County. For the purposes of this provision, Director's authorized designee shall be the Chief of Operations, Public Health Programs and Services. If monies are reduced by Federal, State, or County funding sources, County may also decrease the applicable County maximum obligation as determined by County. Such funding changes will not be retroactive, but will apply to future services following the provision of written notice from Director to Contractor. If such increase or decrease does not exceed fifteen percent (15%) of the applicable County maximum obligation, Director may approve such funding changes. Director shall provide prior written notice of

such funding changes to Contractor and to County's Chief Administrative Officer. If the increase or decrease exceeds fifteen percent (15%) of the applicable County maximum obligation, approval by County's Board of Supervisors shall be required. Any such change in any County maximum obligation shall be effected by an amendment to this Agreement pursuant to the ALTERATION OF TERMS Paragraph of this Agreement.

B. County and Contractor shall review Contractor's expenditures and commitments to utilize any funds, which are specified in this Agreement for the services hereunder and which are subject to time limitations as determined by Director, midway through each County fiscal year during the term of this Agreement, midway through the applicable time limitation period for such funds if such period is less than a County fiscal year, and/or at any other time or times during each County fiscal year as determined by Director. At least fifteen (15) calendar days prior to each such review, Contractor shall provide Director with a current update of all of Contractor's expenditures and commitments of such funds during such County fiscal year or other applicable time period.

If County determines from reviewing Contractor's records of service delivery and billings to County, that a significant underutilization of funds provided under this Agreement will occur over its term, Director or County's Board of Supervisors may reduce the applicable County maximum obligation for services provided hereunder and reallocate such funds to other providers. Director may reallocate a maximum of fifteen percent (15%) of the applicable County maximum obligation. Director shall provide written notice of such reallocation to Contractor and to County's Chief Administrative Officer. Reallocation of funds in excess of the aforementioned amounts shall be approved by County's Board of Supervisors. Any such change in any County maximum obligation shall be effected by an amendment to this Agreement pursuant to the ALTERATION OF TERMS Paragraph of this Agreement.

5. ADDITIONAL PROVISIONS: Attached hereto and incorporated herein by reference, is a document labeled "ADDITIONAL PROVISIONS". The terms and conditions therein contained are part of this Agreement.

6. COMPENSATION: County agrees to compensate Contractor for performing services hereunder for actual reimbursable net

cost as set forth in Schedule 1 and the BILLING AND PAYMENT Paragraph of the ADDITIONAL PROVISIONS, attached hereto.

7. CONFLICT OF TERMS: To the extent there exists any conflict between the language of this Agreement and that of any of the exhibit(s) and schedule(s) attached hereto, the language in this Agreement shall govern and prevail, and the remaining exhibit(s) and schedule(s) shall govern and prevail in the following order:

Exhibit A

Scope of Work A-1, A-2, A-3, A-4 and A-5

Schedule 1, 2, 3, 4 and 5

8. ALTERATION OF TERMS: This Agreement, together with the exhibit(s) and schedule(s) attached hereto, fully expresses all understandings of the parties concerning all matters covered and shall constitute the total Agreement. No addition to, or alteration of, the terms of this Agreement, whether by written or verbal understanding of the parties, their officers, agents or employees, shall be valid unless made in the form of a written amendment to this Agreement which is formally approved and executed by the parties.

9. INDEMNIFICATION: Contractor shall indemnify, defend, and hold harmless County and its Special Districts, elected and appointed officers, employees, and agents from and against any

and all liability, including but not limited to demands, claims, actions, fees, costs, and expenses (including attorney and expert witness fees), arising from or connected with Contractor's acts and/or omissions arising from and/or relating to this Agreement.

10. GENERAL INSURANCE REQUIREMENTS: Without limiting Contractor's indemnification of County and during the term of this Agreement, Contractor shall provide and maintain, and shall require all of its subcontractors to maintain, the following programs of insurance specified in this Agreement. Such insurance shall be primary to and not contributing with any other insurance or self-insurance programs maintained by County, and such coverage shall be provided and maintained at Contractor's own expense. In any event, Contractor may satisfy the insurance coverage requirements specified in this Agreement by providing evidence of Contractor's self-insurance program, as described hereinbelow. Such evidence shall be provided in a formal declaration (on Contractor's letterhead, if available) that declares Contractor is self-insured for the type and amount of coverage as described in Paragraph 11, Insurance Coverage Requirements, hereinbelow. Contractor's declaration may be in the form of a corporate resolution or a certified statement from a corporate officer or an authorized principal of Contractor. The statement also must identify which required coverages are

self-insured and which are commercially insured. Contractors who are self-insured for workers compensation must provide a copy of their "Certificate of Consent to Self-Insure" issued by the State in which services will be provided. Further, Contractor's self-insurance program must be reviewed and approved by County's Risk Manager prior to the effective date of this Agreement.

A. Evidence of Insurance: Certificate(s) or other evidence of coverage satisfactory to County shall be delivered to County's Department of Health Services, Contracts and Grants Division, 313 North Figueroa Street, Sixth Floor-East, Los Angeles, California 90012, prior to commencing services under this Agreement. Such certificates or other evidence shall:

(1) Specifically identify this Agreement.

(2) Clearly evidence all coverages required in this Agreement.

(3) Contain the express condition that County is to be given written notice by mail at least thirty (30) calendar days in advance of cancellation for all policies evidenced on the certificate of insurance.

(4) Include copies of the additional insured endorsement to the commercial general liability policy, adding County of Los Angeles, its Special Districts, its

officials, officers, and employees as insureds for all activities arising from this Agreement.

(5) Identify any deductibles or self-insured retentions for County's approval. County retains the right to require Contractor to reduce or eliminate such deductibles or self-insured retentions as they apply to County, or, require Contractor to provide a bond guaranteeing payment of all such retained losses and related costs, including, but not limited to, expenses or fees, or both, related to investigations, claims administrations, and legal defense. Such bond shall be executed by a corporate surety licensed to transact business in the State of California.

B. Insurer Financial Ratings: Insurance is to be provided by an insurance company acceptable to County with an A.M. Best rating of not less than A:VII, unless otherwise approved by County.

C. Failure to Maintain Coverage: Failure by Contractor to maintain the required insurance, or to provide evidence of insurance coverage acceptable to County, shall constitute a material breach of contract upon which County may immediately terminate or suspend this Agreement. County, at its sole option, may obtain damages from Contractor

resulting from said breach. Alternatively, County may purchase such required insurance coverage, and without further notice to Contractor, County may deduct from sums due to Contractor any premium costs advanced by County for such insurance.

D. Notification of Incidents, Claims, or Suits:

Contractor shall report to County:

(1) Any accident or incident relating to services performed under this Agreement which involves injury or property damage which may result in the filing of a claim or lawsuit against Contractor and/or County. Such report shall be made in writing within twenty-four (24) hours of occurrence.

(2) Any third party claim or lawsuit filed against Contractor arising from or related to services performed by Contractor under this Agreement.

(3) Any injury to a Contractor employee which occurs on County property. This report shall be submitted on a County "Non-Employee Injury Report" to County contract manager.

(4) Any loss, disappearance, destruction, misuse, or theft of any kind whatsoever of County property,

monies, or securities entrusted to Contractor under the terms of this Agreement.

E. Compensation for County Costs: In the event that Contractor fails to comply with any of the indemnification or insurance requirements of this Agreement, and such failure to comply results in any costs to County, Contractor shall pay full compensation for all costs incurred by County.

F. Insurance Coverage Requirements for Subcontractors: Contractor shall ensure any and all subcontractors performing services under this Agreement meet the insurance requirements of this Agreement by either:

(1) Contractor providing evidence of insurance covering the activities of subcontractors, or

(2) Contractor providing evidence submitted by subcontractors evidencing that subcontractors maintain the required insurance coverage. County retains the right to obtain copies of evidence of subcontractor insurance coverage at any time.

11. INSURANCE COVERAGE REQUIREMENTS:

A. General Liability Insurance (written on ISO policy form CG 00 01 or its equivalent) with limits of not less than the following:

General Aggregate:	\$2 Million
Products/Completed Operations Aggregate:	\$1 Million
Personal and Advertising Injury:	\$1 Million
Each Occurrence:	\$1 Million

B. Automobile Liability Insurance (written on ISO policy form CA 00 01 or its equivalent) with a limit of liability of not less than \$1 Million for each accident. Such insurance shall include coverage for all "owned", "hired" and "non-owned" vehicles, or coverage for "any auto".

C. Workers Compensation and Employers' Liability: Insurance providing workers compensation benefits, as required by the Labor Code of the State of California or by any other state, and for which Contractor is responsible.

In all cases, the above insurance also shall include Employers' Liability coverage with limits of not less than the following:

Each Accident:	\$1 Million
Disease - Policy Limit:	\$1 Million
Disease - Each Employee:	\$1 Million

D. Professional Liability Insurance: Covering liability arising from any error, omission, negligent or wrongful act of Contractor, its officers or employees with

limits of not less than \$1 Million per occurrence and \$3 Million aggregate. The coverage also shall provide an extended two-year reporting period commencing upon expiration or earlier termination or cancellation of this Agreement.

12. CONTRACTOR'S OFFICES: Contractor's primary business office is located at _____. Contractor's primary business telephone number is (____) _____ and facsimile/FAX number is (____) _____. Contractor shall notify in writing County's Department of Health Services, Contracts and Grants Division, of any change in its primary business address, business telephone number, and/or facsimile/FAX number used in the provision of services herein, at least ten (10) calendar days prior to the effective date thereof.

If during the term of this Agreement, the corporate or other legal status of Contractor changes, or the name of Contractor changes, then Contractor shall notify County's DHS, Contracts and Grants Division, in writing detailing such changes at least thirty (30) calendar days prior to the effective date thereof.

13. NOTICES: Any and all notices required, permitted, or desired to be given hereunder by one party to the other shall be in writing and shall be delivered to the other party personally or by United States mail, certified or registered, postage

prepaid, return receipt requested, to the parties at the following addresses and to the attention of the person named. Director shall have the authority to issue all notices which are required or permitted by County hereunder. Addresses and persons to be notified may be changed by the parties by giving ten (10) calendar days prior written notice thereof to the parties.

A. Notices to County shall be addressed as follows:

- (1) Department of Health Services
Contracts and Grants Division
313 North Figueroa Street, Sixth Floor-East
Los Angeles, California 90012

Attention: Acting Division Chief

- (2) Department of Health Services
Public Health Programs and Services
313 North Figueroa Street, Eighth Floor
Los Angeles, California 90012

Attention: Chief of Operations

B. Notices to Contractor shall be addressed as follows:

Attention: _____

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Agreement to be subscribed by its

/

/

Director of Health Services, and Contractor has caused this Agreement to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
Thomas L. Garthwaite, M.D.
Director and Chief of Health Services

Contractor

By _____
Signature

Print Name

Title _____
(AFFIX CORPORATE SEAL)

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL
LLOYD W. PELLMAN
County Counsel

BY _____

APPROVED AS TO CONTRACT
ADMINISTRATION:

Department of Health Services

By _____
Acting Chief, Contracts and Grants
Division

AGRECD2697
rb:02/13/03

ADDITIONAL PROVISIONS
DEPARTMENT OF HEALTH SERVICES
PUBLIC HEALTH SERVICES AGREEMENT
COST REIMBURSEMENT

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ADDITIONAL PROVISIONS
DEPARTMENT OF HEALTH SERVICES
PUBLIC HEALTH SERVICES AGREEMENT
COST REIMBURSEMENT

1. ADMINISTRATION: County's Director of Health Services or his/her authorized designee(s) (hereafter collectively "Director") shall have the authority to administer this Agreement on behalf of County. Contractor agrees to extend to Director the right to review and monitor Contractor's programs, policies, procedures, and financial and/or other records, and to inspect its facilities, or work areas, for contractual compliance at any reasonable time.

2. FORM OF BUSINESS ORGANIZATION AND FISCAL DISCLOSURE:

A. Form of Business Organization: Contractor shall prepare and submit to Director upon request, a statement executed by Contractor's duly constituted officers or Board of Directors, containing the following information with supportive documentation:

(1) The form of Contractor's business organization, i.e., sole proprietorship, partnership, or corporation.

(2) Articles of Incorporation and By-Laws.

(3) A detailed statement indicating whether Contractor is totally or substantially owned by another business organization (i.e. another legal entity or parent corporation).

(4) Board Minutes identifying who is authorized on behalf of Contractor to conduct business, make commitments, and enter into binding agreements with the County.

(5) A detailed statement indicating whether Contractor totally or partially owns any other business organization that will be providing services, supplies, materials, or equipment to Contractor or in any manner does business with Contractor under this Agreement.

(6) If, during the term of this Agreement, the form of Contractor's business organization changes, or the ownership of Contractor changes, or the Contractor's ownership of other businesses dealing with Contractor under this Agreement changes, Contractor shall notify Director in writing detailing such changes within thirty (30) calendar days prior to the effective date thereof.

B. Fiscal Disclosure: Contractor shall prepare and submit to Director, within ten (10) calendar days following execution of this Agreement, a statement executed by Contractor's duly constituted officers, containing the following information:

(1) A detailed statement listing all sources of funding to Contractor including private contributions. The statement shall include the nature of the funding, services to be provided, total dollar amount, and period of time of such funding.

(2) If during the term of this Agreement, the source(s) of Contractor's funding changes, Contractor shall promptly notify the Director in writing detailing such changes.

3. NONDISCRIMINATION IN SERVICES: Contractor shall not discriminate in the provision of services hereunder because of race, color, religion, national origin, ethnic group identification, ancestry, sex, age, or condition of physical or mental handicap, in accordance with requirements of Federal and State laws, or in any manner on the basis of the client's/ patient's sexual orientation. For the purpose of this Paragraph, discrimination in the provision of services may include, but is not limited to, the following: denying any person any service or benefit or the availability of the facility; providing any service or benefit to any person which is not equivalent, or is provided in a non-equivalent manner, or at a non-equivalent time, from that provided to others; subjecting any person to segregation or separate treatment in any manner related to the receipt of any service; restricting any person in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service or benefit; and treating any person differently from others in determining admission, enrollment quota, eligibility, membership, or any other requirements or conditions which persons must meet in order to be provided any service or benefit. Contractor shall take affirmative action to ensure that intended beneficiaries of this Agreement are provided services without regard

to race, color, religion, national origin, ethnic group identification, ancestry, sex, age, condition of physical or mental handicap, or sexual orientation.

Facility access for handicapped must comply with the Rehabilitation Act of 1973, Section 504, where Federal funds are involved, and Title III of the Federal Americans with Disabilities Act of 1990.

Contractor shall further establish and maintain written procedures under which any person, applying for or receiving services hereunder, may seek resolution from Contractor of a complaint with respect to any alleged discrimination in the provision of services by Contractor's personnel. Such procedures shall also include a provision whereby any such person, who is dissatisfied with Contractor's resolution of the matter, shall be referred by Contractor to the Director for the purpose of presenting his or her complaint of alleged discrimination. Such procedures shall also indicate that if such person is not satisfied with County's resolution or decision with respect to the complaint of alleged discrimination, he or she may appeal the matter to the State Department of Health Services' Affirmative Action Division. At the time any person applies for services under this Agreement, he or she shall be advised by Contractor of these procedures.

A copy of such procedures, as identified hereinabove, shall be posted by Contractor in a conspicuous place, available and open to

the public, in each of Contractor's facilities where services are provided hereunder.

4. NONDISCRIMINATION IN EMPLOYMENT:

A. Contractor certifies and agrees, pursuant to the Americans with Disabilities Act, the Rehabilitation Act of 1973, and all other Federal and State laws, as they now exist or may hereafter be amended, that it shall not discriminate against any employee or applicant for employment because of, race, color, religion, national origin, ethnic group identification, ancestry, sex, age, or condition of physical or mental handicap, or sexual orientation. Contractor shall take affirmative action to ensure that qualified applicants are employed, and that employees are treated during employment, without regard to race, color, religion, national origin, ethnic group identification, ancestry, sex, age, condition of physical or mental handicap, or sexual orientation in accordance with requirements of Federal and State laws. Such action shall include, but shall not be limited to the following: employment, upgrading, demotion, transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. Contractor shall post in conspicuous places in each of Contractor's facilities providing services hereunder, positions available and open to employees

and applicants for employment, and notices setting forth the provisions of this Paragraph.

B. Contractor shall, in all solicitations or advertisements for employees placed by or on behalf of Contractor, state that all qualified applicants shall receive consideration for employment without regard to race, color, religion, national origin, ethnic group identification, ancestry, sex, age, condition of physical or mental handicap, or sexual orientation, in accordance with requirements of Federal and State laws.

C. Contractor shall send to each labor union or representative of workers with which it has a collective bargaining agreement or other contract of understanding a notice advising the labor union or workers' representative of Contractor's commitments under this Paragraph.

D. Contractor certifies and agrees that it shall deal with its subcontractors, bidders, or vendors without regard to race, color, religion, national origin, ethnic group identification, ancestry, sex, age, condition of physical or mental handicap, or sexual orientation, in accordance with requirements of Federal and State laws.

E. Contractor shall allow Federal, State, and County representatives, duly authorized by Director, access to its employment records during regular business hours in order to verify compliance with the anti-discrimination provisions of

this Paragraph. Contractor shall provide such other information and records as such representatives may require in order to verify compliance with the anti-discrimination provisions of this Paragraph.

F. If County finds that any provisions of this Paragraph have been violated, the same shall constitute a material breach of contract upon which Director may suspend or County may determine to terminate this Agreement. While County reserves the right to determine independently that the anti-discrimination provisions of this Agreement have been violated, in addition, a determination by the California Fair Employment Practices Commission or the Federal Equal Employment Opportunity Commission that Contractor has violated Federal or State anti-discrimination laws shall constitute a finding by County that Contractor has violated the anti-discrimination provisions of this Agreement.

G. The parties agree that in the event Contractor violates any of the anti-discrimination provisions of this Paragraph, County shall be entitled, at its option, to the sum of Five Hundred Dollars (\$500) pursuant to California Civil Code Section 1671 as liquidated damages in lieu of canceling, terminating, or suspending this Agreement.

5. FAIR LABOR STANDARDS ACT: Contractor shall comply with all applicable provisions of the Federal Fair Labor Standards Act, and shall indemnify, defend, and hold harmless County, its agents,

officers, and employees from any and all liability including, but not limited to, wages, overtime pay, liquidated damages, penalties, court costs, and attorneys' fees arising under any wage and hour law including, but not limited to, the Federal Fair Labor Standards Act for services performed by Contractor's employees for which County may be found jointly or solely liable.

6. EMPLOYMENT ELIGIBILITY VERIFICATION: Contractor warrants that it fully complies with all Federal statutes and regulations regarding employment of aliens and others, and that all its employees performing services hereunder meet the citizenship or alien status requirements contained in Federal statutes and regulations. Contractor shall obtain, from all covered employees performing services hereunder, all verification and other documentation of employment eligibility status required by Federal statutes and regulations, as they currently exist and as they may be hereafter amended. Contractor shall retain such documentation for all covered employees for the period prescribed by law. Contractor shall indemnify, defend, and hold harmless County, its officers, and employees from employer sanctions and any other liability which may be assessed against Contractor or County in connection with any alleged violation of Federal statutes or regulations pertaining to the eligibility for employment of persons performing services under this Agreement.

7. STAFFING AND STAFF DEVELOPMENT: Contractor shall operate continuously throughout the term of this Agreement with at least the

minimum number of staff required by County. Such personnel shall be qualified in accordance with standards established by County. In addition, Contractor shall comply with any additional staffing requirements which may be included in the exhibit(s) attached hereto.

During the term of this Agreement, Contractor shall have available and shall provide upon request to authorized representatives of County, a list of persons by name, title, professional degree, salary, and experience who are providing services hereunder. Contractor also shall indicate on such list which persons are appropriately qualified to perform services hereunder. If an executive director, program director, or supervisory position becomes vacant during the term of this Agreement, Contractor shall, prior to filling said vacancy, notify Director. Contractor shall provide the above set forth required information to Director regarding any candidate prior to any appointment. Contractor shall institute and maintain appropriate supervision of all persons providing services pursuant to this Agreement.

Contractor shall institute and maintain a training/staff development program pertaining to those services described in the exhibit(s) attached hereto. Appropriate training/staff development shall be provided for treatment, administrative, and support personnel. Participation of treatment and support personnel in training/staff development should include in-service activities.

Such activities shall be planned and scheduled in advance; and shall be conducted on a continuing basis. Contractor shall develop and institute a plan for an annual evaluation of such training/staff development program.

8. INDEPENDENT CONTRACTOR STATUS:

A. This Agreement is by and between County and Contractor and is not intended, and shall not be construed, to create the relationship of agent, servant, employee, partnership, joint venture, or association, as between County and Contractor. The employees and agents of one party shall not be, or be construed to be, the employees or agents of the other party for any purpose whatsoever.

B. Contractor shall be solely liable and responsible for providing to, or on behalf of, its employees all legally required employee benefits. County shall have no liability or responsibility for the payment of any salaries, wages, unemployment benefits, disability benefits, or other compensation or benefits to any personnel provided by Contractor.

C. Contractor understands and agrees that all persons furnishing services to County pursuant to this Agreement are, for purposes of workers' compensation liability, the sole employees of Contractor and not employees of County. Contractor shall bear the sole liability and responsibility for any and all workers' compensation benefits to any person as a

result of injuries arising from or connected with services performed by or on behalf of Contractor pursuant to this Agreement.

D. ACKNOWLEDGMENT that each of Contractor's employees understands that such person is an employee of Contractor and not an employee of County shall be signed by each employee of Contractor performing services under his Agreement and shall be filed with County's Department of Human Resources, Health, Safety, and Disability Benefits Division, 3333 Wilshire Boulevard, 10th Floor, Los Angeles, California 90010. The form and content of such ACKNOWLEDGMENT shall be substantially similar to Exhibit —, attached hereto and incorporated herein by reference.

9. CONTRACTOR'S WILLINGNESS TO CONSIDER COUNTY'S EMPLOYEES FOR EMPLOYMENT: Contractor agrees to receive referrals from County's Department of Human Resources of qualified permanent employees who are targeted for layoff or qualified former employees who have been laid off and are on a reemployment list during the life of this Agreement. Such referred permanent or former County employees shall be given first consideration of employment as Contractor vacancies occur after the implementation and throughout the term of this Agreement.

Notwithstanding any other provision of this Agreement, the parties do not in any way intend that any person shall acquire any rights as a third party beneficiary of this Agreement.

10. CONSIDERATION OF GAIN PROGRAM PARTICIPANTS FOR EMPLOYMENT:

Should Contractor require additional or replacement personnel after the effective date of this Agreement, Contractor shall give consideration for any such employment openings to participants in County's Department of Public Social Services' Greater Avenues for Independence ("GAIN") Program who meet Contractor's minimum qualifications for the open position. County will refer GAIN participants by job category to Contractor.

11. STAFF PERFORMANCE OF SERVICES WHILE UNDER THE INFLUENCE:

Contractor shall ensure that no employee or physician performs services while under the influence of any alcoholic beverage, medication, narcotic, or other substance that might impair his/her physical or mental performance.

12. BILLING AND PAYMENT: County shall compensate Contractor for actual reimbursable net costs incurred by Contractor in performing services hereunder.

A. Monthly Billing: Contractor shall bill County monthly in arrears. All billings shall clearly reflect all required information as specified on billing forms provided by County regarding the services for which claims are to be made and any and all payments made to Contractor by, or on behalf of, clients/patients. Billings shall be submitted to County within fifteen (15) calendar days after the close of each calendar month. Within a reasonable period of time following receipt of

a complete and correct monthly billing, County shall make payment in accordance with the schedule(s) attached hereto.

B. County Audit Settlements:

(1) If an audit conducted by Federal, State, and/or County representatives finds that actual reimbursable net costs for any services furnished hereunder are lower than the payments made thereof by County, and/or if it is determined by such audit that any payments made by County for a particular service is for costs which are not reimbursable pursuant to provisions of this Agreement, then the difference shall be repaid by Contractor.

(2) If within forty-five (45) calendar days of termination of the contract period, such audit finds that the allowable costs of services furnished hereunder are higher than the payments made by County, then the difference may be paid to Contractor.

C. In no event shall County be required to reimburse Contractor for those costs of services provided hereunder which are covered by revenue from or on behalf of clients/patients or which are covered by funding from other governmental contracts or grants.

D. In no event shall County be required to pay Contractor more for all services provided hereunder than the maximum obligation of County as set forth in the MAXIMUM OBLIGATION OF

COUNTY Paragraph of this Agreement, unless otherwise revised or amended under the terms of this Agreement.

E. Prior authorization, in writing, shall be required to claim reimbursement for travel outside Los Angeles County unless such expense is approved in the contract budget. Request for authorization shall be made in writing to Director and shall include the travel dates, locations, purpose/agenda, participants, and costs.

F. Withholding Payment:

(1) Subject to the reporting and data requirements of this Agreement and the exhibit(s) attached hereto, County may withhold any claim for payment by Contractor if any report or data is not delivered by Contractor to County within the time limits of submission as set forth in this Agreement, or if such report or data is incomplete in accordance with requirements set forth in this Agreement. This withholding may be invoked for any succeeding month or months for reports or data not delivered in a complete and correct form for any given month.

(2) Subject to the provisions of the TERM and ADMINISTRATION Paragraphs of this Agreement, and the exhibits(s) attached hereto, County may withhold any claim for payment by Contractor if Contractor has been given at least thirty (30) calendar days' notice of deficiency(ies) in compliance with the terms of this Agreement and has

failed to correct such deficiency(ies). This withholding may be invoked for any succeeding month or months for deficiency(ies) not corrected.

(3) Upon acceptance by County of all report(s) and data previously not accepted under this provision and/or upon correction of the deficiency(ies) noted above, County shall reimburse all withheld payments on the next regular monthly claim for payment by Contractor.

(4) Subject to the provisions of the exhibit(s) of this Agreement, if the services are not completed by Contractor within the specified time, County may withhold all payments to Contractor under this Agreement between County and Contractor until proof of such services is delivered to County.

(5) In addition to Subparagraphs (1) through (4) immediately above, Director may withhold claims for payment by Contractor which are delinquent amounts due to County as determined by an audit report settlement, or financial evaluation report, resulting from this or prior years' Agreement(s).

G. Contractor agrees to reimburse County for any Federal, State, or County audit exceptions resulting from noncompliance herein on the part of Contractor or any subcontractor.

13. RECORDS AND AUDITS:

A. Client/Patient Records: If clients/patients are treated hereunder, Contractor shall maintain adequate treatment

records in accordance with all applicable Federal and State laws as they are now enacted or may hereafter be amended on each client/patient which shall include, but shall not be limited to, diagnostic studies, a record of client/patient interviews, progress notes, and a record of services provided by the various professional and paraprofessional personnel in sufficient detail to permit an evaluation of services. Client/patient records shall be retained for a minimum of seven (7) years following the expiration or earlier termination of this Agreement, except that the records of unemancipated minors shall be kept at least one (1) year after such minor has reached the age of eighteen (18) years and in any case not less than seven (7) years, or until Federal, State, and/or County audit findings applicable to such services are resolved, whichever is later. Client/patient records shall be retained by Contractor at a location in Southern California and shall be made available at reasonable times to authorized representatives of Federal, State, and/or County governments during the term of this Agreement and during the period of record retention for the purpose of program review, financial evaluation, and/or fiscal audit. In addition to the requirements set forth under this Paragraph, Contractor shall comply with any additional record requirements which may be included in the exhibits(s) attached hereto.

B. Financial Records: Contractor shall prepare and maintain on a current basis, complete financial records in

accordance with generally accepted accounting principles and also in accordance with written guidelines, standards, and procedures which may from time to time be promulgated by Director. Such records shall clearly reflect the actual cost of the type of service for which payment is claimed and shall include, but not be limited to:

(1) Books of original entry which identify all designated donations, grants, and other revenues, including County, Federal, and State revenues and all costs by type of service.

(2) A General Ledger.

(3) A written cost allocation plan which shall include reports, studies, statistical surveys, and all other information Contractor used to identify and allocate indirect costs among Contractor's various services. Indirect costs shall mean those costs incurred for a common or joint objective which cannot be identified specifically with a particular project or program.

(4) Personnel records which show the percentage of time worked providing services claimed under this Agreement. Such records shall be corroborated by payroll timekeeping records, signed by the employee and approved by the employee's supervisor, which show time distribution by programs and the accounting for total work time on a daily basis. This requirement applies to all program personnel, including the person functioning as the executive director of the program, if such executive director provides services claimed under this Agreement.

(5) Personnel records which account for the total work time of personnel identified as indirect costs in the

approved contract budget. Such records shall be corroborated by payroll timekeeping records signed by the employee and approved by the employee's supervisor. This requirement applies to all such personnel, including the executive director of the program, if such executive director provides services claimed under this Agreement.

The entries in all of the aforementioned accounting and statistical records must be readily traceable to applicable source documentation (e.g., employee timecards, remittance advice, vendor invoices, appointment logs, client/patient ledgers). All financial records shall be retained by Contractor at a location in Southern California during the term of this Agreement and for a minimum period of five (5) years following expiration or earlier termination of this Agreement, or until Federal, State and/or County audit findings are resolved, whichever is later. During such retention period, all such records shall be made available during normal business hours to authorized representatives of Federal, State, or County governments for purposes of inspection and audit. In the event records are located outside Los Angeles County, Contractor shall pay County for all travel, per diem, and other costs incurred by County for any inspection and audit at such other location.

C. Preservation of Records: If following termination of this Agreement Contractor's facility is closed or if ownership of Contractor changes, within forty-eight (48) hours thereafter, the

Director is to be notified thereof by Contractor in writing and arrangements are to be made by Contractor for preservation of the client/patient and financial records referred to hereinabove.

D. Audit Reports: In the event that an audit of any or all aspects of this Agreement is conducted of Contractor by any Federal or State auditor, or by any auditor or accountant employed by Contractor or otherwise, Contractor shall file a copy of each such audit report(s) with the Director and County's Department of Health Services - Financial Services Division, and County's Auditor Controller within thirty (30) calendar days of Contractor's receipt thereof, unless otherwise provided for under this Agreement, or under applicable Federal or State regulations. To the extent permitted by law, County shall maintain the confidentiality of such audit report(s).

E. Independent Audit: Contractor's financial records shall be audited by an independent auditor for every year that this Agreement is in effect.

The audit shall satisfy the requirement of the Federal Office of Management and Budget (OMB) Circular Number A-133. The audit shall be performed by an independent Auditor in accordance with Governmental Financial Auditing Standards developed by the Comptroller General of the United States, and any other applicable Federal, State, or County statutes, policies, or guidelines. Contractor shall file such audit report(s) with the County's Department of Health Services - Financial Services Division no later than ninety (90) calendar days from the completion of the audit.

The independent auditor's work papers shall be retained for a minimum of three (3) years from the date of the report, unless the auditor is notified in writing by County to extend the retention period. Audit work papers shall be made available for review by Federal, State, or County representatives upon request.

F. Federal Access to Records: If, and to the extent that, Section 1861(v)(1)(I) of the Social Security Act [42 United States Code ("U.S.C.") Section 1395x(v)(1)(I)] is applicable, Contractor agrees that for a period of five (5) years following the furnishing of services under this Agreement, Contractor shall maintain and make available, upon written request, to the Secretary of the United States Department of Health and Human Services or the Comptroller General of the United States, or to any of their duly authorized representatives, the contracts, books, documents, and records of Contractor which are necessary to verify the nature and extent of the cost of services provided hereunder. Furthermore, if Contractor carries out any of the services provided hereunder through any subcontract with a value or cost of Ten Thousand Dollars (\$10,000) or more over a twelve (12) month period with a related organization (as that term is defined under Federal law), Contractor agrees that each such subcontract shall provide for such access to the subcontract, books, documents, and records of the subcontractor.

G. Program/Fiscal Review: In the event County representatives conduct a program review or financial evaluation of Contractor, Contractor shall fully cooperate with County's representatives. Contractor shall allow County representatives access to all financial records, medical records, program records, and any other records pertaining to services provided under this Agreement. Additionally, Contractor shall make its personnel, facilities, and medical protocols available for inspection at reasonable times by authorized representatives of County. Contractor shall be provided with a copy of any written program review or financial evaluation reports. Contractor shall have the opportunity to review County's program review and financial evaluation reports, and shall have thirty (30) calendar days after receipt of County's findings to review the results and to provide documentation to County to resolve exceptions. If, at the end of the thirty (30) day period, there remain exceptions which have not been resolved to the satisfaction of County's representatives, then the exception rate found in the audit or sample results thereafter shall be applied to the total County payments made to Contractor for all claims paid during the program review or financial evaluation period under review to determine Contractor's liability to County.

H. Failure to Comply: Failure of Contractor to comply with the terms of this Paragraph shall constitute a material

breach of contract upon which Director may suspend or County may immediately terminate this Agreement.

14. REPORTS:

A. Contractor shall submit to County the following reports showing timely payment of employees' Federal and State income tax withholding:

(1) Within ten (10) calendar days of filing with the Federal or State government, a copy of the Federal and State quarterly income tax withholding return, Federal Form 941, and State Form DE-3 or their equivalent.

(2) Within ten (10) calendar days of each payment, a copy of a receipt for or other proof of payment of Federal and State employees' income tax withholding whether such payments are made on a monthly or quarterly basis.

Required submission of the above quarterly and monthly reports by Contractor may be waived by Director based on Contractor's performance reflecting prompt and appropriate payment of obligations. Requirements of this Subparagraph A shall not apply to governmental agencies.

B. Contractor shall make other reports as required by Director concerning Contractor's activities as they affect the contract duties and purposes contained herein. In no event, however, may County require such reports unless it has provided Contractor with at least thirty (30) calendar days' prior written notification thereof. County shall provide Contractor with a

written explanation of the procedures for reporting the required information.

15. CONFIDENTIALITY: Contractor agrees to maintain the confidentiality of its records and information including, but not limited to, billings, County records, and client/patient records, in accordance with all applicable Federal, State, and local laws, ordinances, rules, regulations, and directives relating to confidentiality. Contractor shall inform all its officers, employees, agents, subcontractors, and others providing services hereunder of said confidentiality provision of this Agreement. Contractor shall indemnify and hold harmless County, its officers, employees, and agents, from and against any and all loss, damage, liability, and expense arising out of any disclosure of such records and information by Contractor, its officers, employees, agents, and subcontractors.

16. PUBLIC ANNOUNCEMENTS AND LITERATURE: Contractor agrees that all materials, public announcements, literature, audiovisuals, and printed materials utilized in association with this Agreement, shall have prior written approval from the Director prior to its publication, printing, duplication, and implementation with this Agreement. All such materials, public announcements, literature, audiovisuals, and printed material shall include an ACKNOWLEDGMENT that funding for such public announcements, literature, audiovisuals, and printed materials was made possible by the County of Los Angeles, Department of Health Services.

Contractor further agrees that all public announcements, literature, audiovisuals, and printed material developed or acquired by Contractor or otherwise, in whole or in part, under this Agreement, and all works based thereon, incorporated therein, or derived therefrom, shall be the sole property of County.

Contractor hereby assigns and transfers to County in perpetuity for all purposes all Contractor's rights, title, and interest in and to all such items, including, but not limited to, all unrestricted and exclusive copyrights and all renewals and extensions thereof.

With respect to any such items which come into existence after the commencement date of the Agreement, Contractor shall assign and transfer to County in perpetuity for all purposes, without any additional consideration, all Contractor's rights, title, and interest in and to all such items, including, but not limited to, all unrestricted and exclusive copyrights and all renewals and extensions thereof.

For the purposes of this Agreement, all such items shall include, but not be limited to, written materials (e.g., curricula, text for vignettes, text for public service announcements for any and all media types, pamphlets, brochures, fliers), audiovisual materials (e.g., films, videotapes), and pictorials (e.g., posters and similar promotional and educational materials using photographs, slides, drawings, or paintings).

17. COUNTY'S QUALITY ASSURANCE PLAN: County or its agent will evaluate Contractor's performance under this Agreement on not less than an annual basis. Such evaluation will include assessing

Contractor's compliance with all contract terms and performance standards. Contractor deficiencies which County determines are severe or continuing and that may place performance of this Agreement in jeopardy if not corrected will be reported to the Board of Supervisors. The report will include improvement/corrective action measures taken by County and Contractor. If improvement does not occur consistent with the corrective action measures, County may terminate this Agreement or impose other penalties as specified in this Agreement.

18. RESTRICTIONS ON LOBBYING:

A. Federal Certification and Disclosure Requirement: If any Federal monies are to be used to pay for Contractor's services under this Agreement, Contractor shall comply with all certification and disclosure requirements prescribed by Section 319, Public Law 101-121 (Title 31, U.S.C., Section 1352) and any implementing regulations, and shall ensure that each of its subcontractors receiving funds provided under this Agreement also fully comply with all such certification and disclosure requirements.

B. County Lobbyists: Contractor and each County lobbyist or County lobbying firm as defined in Los Angeles County Code Section 2.160.010, retained by Contractor, shall fully comply with the County Lobbyist Ordinance, Los Angeles County Code Chapter 2.160. Failure on the part of Contractor or any County lobbyist or County lobbying firm retained by Contractor to fully comply with the County Lobbyist Ordinance shall

constitute a material breach of contract upon which Director may suspend or County may immediately terminate this Agreement.

19. UNLAWFUL SOLICITATION: Contractor shall require all of its employees performing services hereunder to acknowledge in writing understanding of and agreement to comply with the provisions of Article 9 of Chapter 4 of Division 3 (commencing with Section 6150) of the Business and Professions Code of the State of California (i.e., State Bar Act provisions regarding unlawful solicitation as a runner or capper for attorneys) and shall take positive and affirmative steps in its performance hereunder to ensure that there is no violation of such provisions by its employees. Contractor shall utilize the attorney referral services of all those bar associations within Los Angeles County that have such a service.

20. CONFLICT OF INTEREST:

A. No County employee whose position in County enables him/her to influence the award or administration of this Agreement or any competing agreement, and no spouse or economic dependent of such employee, shall be employed in any capacity by Contractor, or have any other direct or indirect financial interest in this Agreement. No officer or employee of Contractor who may financially benefit from the provision of services hereunder shall in any way participate in County's approval, or ongoing evaluation, of such services, or in any way attempt to unlawfully influence County's approval or ongoing evaluation of such services.

B. Contractor shall comply with all conflict of interest laws, ordinances, and regulations now in effect or hereafter to be enacted during the term of this Agreement. Contractor warrants that it is not now aware of any facts which create a conflict of interest. If Contractor hereafter becomes aware of any facts which might reasonably be expected to create a conflict of interest, it shall immediately make full written disclosure of such facts to Director. Full written disclosure shall include, without limitation, identification of all persons implicated and complete description of all relevant circumstances.

21. PROHIBITION AGAINST ASSIGNMENT AND DELEGATION:

A. Contractor shall not assign its rights or delegate its duties under this Agreement, or both, whether in whole or in part, without the prior written consent of County. Any assignment or delegation which does not have such prior County consent shall be null and void. For purposes of this Paragraph, such County consent shall require a written amendment to this Agreement which is formally approved and executed by the parties. Any billings to County by any delegatee or assignee on any claim under this Agreement, absent such County consent, shall not be paid by County. Any payments by County to any delegatee or assignee on any claim under this Agreement, in consequence of any such County consent, shall reduce dollar for dollar any claims which Contractor may have against County and shall be subject to set-off, recoupment, or other reduction for

any claims which County may have against Contractor, whether under this Agreement or otherwise.

B. Shareholders or partners, or both, of Contractor may sell, exchange, assign, divest, or otherwise transfer any interest they may have therein. However, in the event any such sale, exchange, assignment, divestment, or other transfer is effected in such a way as to give majority control of Contractor to any person(s), corporation, partnership, or legal entity other than the majority controlling interest therein at the time of execution of this Agreement, then prior written consent thereof by County's Board of Supervisors shall be required. Any payments by County to Contractor on any claim under this Agreement shall not waive or constitute such County consent. Consent to any such sale, exchange, assignment, divestment, or other transfer shall be refused only if County, in its sole judgement, determines that the transferee(s) is (are) lacking in experience, capability, or financial ability to perform all Agreement services and other work. This in no way limits any County right found elsewhere in this Agreement, including, but not limited to, any right to terminate this Agreement.

22. SUBCONTRACTING:

A. For purposes of this Agreement, subcontracts shall be approved by Director or his/her authorized designee(s). Contractor's request to Director for approval of a subcontract shall include:

(1) Identification of the proposed subcontractor and an explanation of why and how the proposed subcontractor was selected, including a description of Contractor's efforts to obtain competitive bids.

(2) A description of the services to be provided under the subcontract.

(3) The proposed subcontract amount, together with Contractor's cost or price analysis thereof.

(4) A copy of the proposed subcontract. Any later modification of such subcontract shall take the form of a formally written subcontract amendment which must be approved in writing by Director before such amendment is effective.

B. Subcontracts issued pursuant to this Paragraph shall be in writing and shall contain at least the intent of all of the Paragraphs of the body of this Agreement, including the ADDITIONAL PROVISIONS, and the requirements of the exhibits(s) and schedule(s) attached hereto.

C. At least thirty (30) calendar days prior to the subcontract's proposed effective date, Contractor shall submit for review and approval to Director, a copy of the proposed subcontract instrument. With the Director's written approval of the subcontract instrument, the subcontract may proceed.

D. Subcontracts shall be made in the name of Contractor and shall not bind nor purport to bind County. The making of subcontracts hereunder shall not relieve Contractor of any

requirement under this Agreement, including, but not limited to, the duty to properly supervise and coordinate the work of subcontractors. Approval of the provisions of any subcontract by Director shall not be construed to constitute a determination of the allowability of any cost under this Agreement. In no event shall approval of any subcontract by Director be construed as effecting any increase in the amount contained in MAXIMUM OBLIGATION OF COUNTY Paragraph.

23. COMPLIANCE WITH APPLICABLE LAW:

A. Contractor shall comply with all Federal, State, and local laws, ordinances, regulations, rules, and directives, applicable to its performance hereunder, as they are now enacted or may hereafter be amended.

B. Contractor shall indemnify and hold harmless County from and against any and all loss, damage, liability, or expense resulting from any violation on the part of Contractor, its officers, employees, or agents, of such Federal, State, or local laws, ordinances, regulations, rules, or directives.

24. BOARD OF DIRECTORS: Contractor's Board of Directors shall serve as the governing body of the agency. Contractor's Board of Directors shall be comprised of individuals as described in its By-Laws; meet not less than required by the By-Laws; and record statements of proceedings which shall include listings of attendees, absentees, topics discussed, resolutions, and motions proposed with actions taken, which shall be available for review by Federal, State, or County representatives. The Board of Directors shall have

a quorum present at each Board meeting where formal business is conducted. A quorum is defined as one person more than half of the total Board membership.

Contractor's Board of Directors shall oversee all agency contract-related activities. Specific areas of responsibility shall include executive management, personnel management, fiscal management, fund raising, public education and advocacy, Board recruitment and Board member development, i.e., training and orientation of new Board members and ongoing in-service education for existing members.

25. LICENSES, PERMITS, REGISTRATIONS, ACCREDITATIONS, CERTIFICATES: Contractor shall obtain and maintain during the term of this Agreement, all appropriate licenses, permits, registrations, accreditations, and certificates required by Federal, State, and local law for the operation of its business and for the provision of services hereunder. Contractor shall ensure that all of its officers, employees, and agents who perform services hereunder obtain and maintain in effect during the term of this Agreement, all licenses, permits, registrations, accreditations, and certificates required by Federal, State, and local law which are applicable to their performance hereunder. Contractor shall provide a copy of each license, permit, registration, accreditation, and certificate upon request of County's DHS at any time during the term of this Agreement.

26. PURCHASES:

A. Purchase Practices: Contractor shall fully comply with all Federal, State, and County laws, ordinances, rules, regulations, manuals, guidelines, and directives, in acquiring all furniture, fixtures, equipment, materials, and supplies. Such items shall be acquired at the lowest possible price or cost if funding is provided for such purposes hereunder.

B. Proprietary Interest of County: In accordance with all applicable Federal, State, and County laws, ordinances, rules, regulations, manuals, guidelines, and directives, County shall retain all proprietary interest, except their use during the term of this Agreement, in all furniture, fixtures, equipment, materials, and supplies, purchased or obtained by Contractor using any contract funds designated for such purpose. Upon the expiration or earlier termination of this Agreement, the discontinuance of the business of Contractor, the failure of Contractor to comply with any of the provisions of this Agreement, the bankruptcy of Contractor or its giving an assignment for the benefit of creditors, or the failure of Contractor to satisfy any judgement against it within thirty (30) calendar days of filing, County shall have the right to take immediate possession of all such furniture, removable fixtures, equipment, materials, and supplies, without any claim for reimbursement whatsoever on the part of Contractor. County, in conjunction with Contractor, shall attach identifying labels on all such property indicating the proprietary interest of County.

C. Inventory Records, Controls, and Reports: Contractor shall maintain accurate and complete inventory records and controls for all furniture, fixtures, equipment, materials, and supplies, purchased or obtained using any contract funds designated for such purpose. Within ninety calendar days (90) following the effective date of this Agreement, Contractor shall provide Director with an accurate and complete inventory report of all furniture, fixtures, equipment, materials, and supplies, purchased or obtained using any County funds designated for such purpose.

D. Protection of Property in Contractor's Custody: Contractor shall maintain vigilance and take all reasonable precautions, to protect all furniture, fixtures, equipment, materials, and supplies, purchased or obtained using any contract funds designated for such purpose, against any damage or loss by fire, burglary, theft, disappearance, vandalism, or misuse. Contractor shall contact Director for instructions for disposition of any such property which is worn out or unusable.

E. Disposition of Property in Contractor's Custody: Upon the termination of the funding of any program covered by this Agreement, or upon the expiration or earlier termination of this Agreement, or at any other time that County may request, Contractor shall: (1) provide access to and render all necessary assistance for physical removal by Director or his authorized representatives of any or all furniture, fixtures, equipment, materials, and supplies, purchased or obtained using

any County funds designated for such purpose, in the same condition as such property was received by Contractor, reasonable wear and tear expected; or (2) at Director's option, deliver any or all items of such property to a location designated by Director. Any disposition, settlement, or adjustment connected with such property shall be in accordance with all applicable Federal, State, and County laws, ordinances, rules, regulations, manuals, guidelines, and directives.

27. RETURN OF COUNTY MATERIALS: At expiration or earlier termination of this Agreement, Contractor shall provide an accounting of any unused or unexpended supplies purchased by Contractor with funds obtained pursuant to this Agreement and shall deliver such supplies to County upon County's request.

28. SERVICE DELIVERY SITE - MAINTENANCE STANDARDS: Contractor shall assure that the locations where services are provided under provisions of this Agreement are operated at all times in accordance with County community standards with regard to property maintenance and repair, graffiti abatement, refuse removal, fire safety, landscaping, and in full compliance with all applicable local laws, ordinances, and regulations relating to the property. County's periodic monitoring visits to Contractor's facilities shall include a review of compliance with the provisions of this Paragraph.

29. TERMINATION FOR INSOLVENCY AND DEFAULT:

A. Termination For Insolvency: County may terminate this Agreement immediately for default in the event of the occurrence of any of the following:

(1) Insolvency of Contractor. Contractor shall be deemed to be insolvent if it has ceased to pay its debts in the ordinary course of business or cannot pay its debts as they become due, whether Contractor has committed an act of bankruptcy or not, and whether insolvent within the meaning of the Federal Bankruptcy Code or not;

(2) The filing of a voluntary or involuntary petition under the Federal Bankruptcy Code;

(3) The appointment of a Receiver or Trustee for Contractor;

(4) The execution by Contractor of an assignment for the benefit of creditors.

B. Termination For Default: County may, by written notice of default to Contractor, terminate this Agreement immediately in any one of the following circumstances:

(1) If, as determined in the sole judgement of County, Contractor fails to perform any services within the times specified in this Agreement or any extension thereof as County may authorize in writing; or

(2) If, as determined in the sole judgement of County, Contractor fails to perform and/or comply with any of the other provisions of this Agreement, or so fails to make progress as to endanger performance of this Agreement in accordance with its terms, and in either of these two circumstances, does not cure such failure within a period of five (5) calendar days (or such longer period as County

may authorize in writing) after receipt of notice from County specifying such failure.

In the event that County terminates this Agreement as provided hereinabove, County may procure, upon such terms and in such manner as County may deem appropriate, services similar to those so terminated, and Contractor shall be liable to County for any reasonable excess costs incurred by County, as determined by County, for such similar services.

The rights and remedies of County provided in this Paragraph shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Agreement.

30. TERMINATION FOR IMPROPER CONSIDERATION: County may, by written notice to Contractor, immediately terminate the right of Contractor to proceed under this Agreement if it is found that consideration, in any form, was offered or given by Contractor, either directly or through an intermediary, to any County officer, employee, or agent with the intent of securing the Agreement or securing favorable treatment with respect to the award, amendment, or extension of the Agreement, or the making of any determinations with respect to Contractor's performance pursuant to the Agreement. In the event of such termination, County shall be entitled to pursue the same remedies against Contractor as it could pursue in the event of default by Contractor.

Contractor shall immediately report any attempt by a County officer, employee, or agent to solicit such improper consideration.

The report shall be made either to the County manager charged with the supervision of the employee or to the County Auditor-Controller's Employee Fraud Hotline at (213) 974-0914 or (800) 544-6861.

Among other items, such improper consideration may take the form of cash, discounts, service, the provision of travel or entertainment, or tangible gifts.

31. TERMINATION FOR CONVENIENCE: The performance of services under this Agreement may be terminated, with or without cause, in whole or in part, from time to time when such action is deemed by County to be in its best interest. Termination of services hereunder shall be effected by delivery to Contractor of a thirty (30) day advance Notice of Termination specifying the extent to which performance of services under this Agreement is terminated and the date upon which such termination becomes effective.

After receipt of a Notice of Termination and except as otherwise directed by County, Contractor shall:

A. Stop services under this Agreement on the date and to the extent specified in such Notice of Termination; and

B. Complete performance of such part of the services as shall not have been terminated by such Notice of Termination.

After receipt of a Notice of Termination, Contractor shall submit to County, in the form and with the certifications as may be prescribed by County, its termination claim and invoice. Such claim and invoice shall be submitted promptly, but not later than sixty

(60) calendar days from the effective date of termination. Upon failure of Contractor to submit its termination claim and invoice within the time allowed, County may determine on the basis of information available to County, the amount, if any, due to Contractor in respect to the termination, and such determination shall be final. After such determination is made, County shall pay Contractor the amount so determined.

Contractor, for a period of five (5) years after final settlement under this Agreement, shall make available to County, at all reasonable times, all its books, records, documents, or other evidence bearing on the costs and expenses of Contractor under this Agreement in respect to the termination of services hereunder. All such books, records, documents, or other evidence shall be retained by Contractor at a location in Southern California and shall be made available within ten (10) working calendar days of prior written notice during County's normal business hours to representatives of County for purposes of inspection or audit.

32. CONTRACTOR'S PERFORMANCE DURING CIVIL UNREST OR DISASTER:

Contractor recognizes that health care facilities maintained by County provide care essential to the residents of the communities they serve, and that these services are of particular importance at the time of riot, insurrection, civil unrest, natural disaster, or similar event. Notwithstanding any other provision of this Agreement, full performance by Contractor during any riot, insurrection, civil unrest, natural disaster, or similar event is not excused if such performance remains physically possible.

Failure to comply with this requirement shall be considered a material breach by Contractor for which Director may suspend or County may immediately terminate this Agreement.

33. NOTICE OF DELAYS: Except as otherwise provided under this Agreement, when either party has knowledge that any actual or potential situation is delaying or threatens to delay the timely performance of this Agreement, that party shall, within two (2) calendar days, give notice thereof, including all relevant information with respect thereto, to the other party.

34. AUTHORIZATION WARRANTY: Contractor hereby represents and warrants that the person executing this Agreement for Contractor is an authorized agent who has actual authority to bind Contractor to each and every term, condition, and obligation set forth in this Agreement and that all requirements of Contractor have been fulfilled to provide such actual authority.

35. RESOLICITATION OF BIDS OR PROPOSALS: Contractor acknowledges that County, prior to expiration or earlier termination of this Agreement, may exercise its right to invite bids or request proposals for the continued provision of the services delivered or contemplated under this Agreement. County and its Department of Health Services shall make the determination to resolicit bids or request proposals in accordance with applicable County and DHS policies.

Contractor acknowledges that County may enter into a contract for the future provision of services, based upon the bids or proposals received, with a provider or providers other than

Contractor. Further, Contractor acknowledges that it obtains no greater right to be selected through any future invitation for bids or request for proposals by virtue of its present status as Contractor.

36. CONTRACTOR'S WARRANTY OF ADHERENCE TO COUNTY'S CHILD SUPPORT COMPLIANCE PROGRAM: Contractor acknowledges that County has established a goal of ensuring that all individuals who benefit financially from County through County contracts are in compliance with their court ordered child, family, and spousal support obligations in order to mitigate the economic burden otherwise imposed upon County and its taxpayers.

As required by County's Child Support Compliance Program (County Code Chapter 2.200) and without limiting Contractor's duty under this Agreement to comply with all applicable provisions of law, Contractor warrants that it is now in compliance and shall during the term of this Agreement maintain compliance with employment and wage reporting requirements as required by the Federal Social Security Act (42 USC Section 653a) and California Unemployment Insurance Code Section 1088.55, and shall implement all lawfully served Wage and Earnings Withholding Orders or Child Support Services Department ("CSSD") Notices of Wage and Earnings Assignment for Child or Spousal Support, pursuant to code of Civil Procedure Section 760.031 and Family Code Section 5246(b).

Within thirty (30) calendar days of the effective date of this Agreement, Contractor shall submit to County's CSSD a completed Principal Owner Information ("POI") Form, incorporated herein by

reference, along with certifications in accordance with the provisions of Section 2.200.060 of the County Code, that: (1) the POI Form has been appropriately completed and provided to the CSSD with respect to Contractor's Principal Owners; (2) Contractor has fully complied with all applicable State and Federal reporting requirements relating to employment reporting for its employees; and (3) Contractor has fully complied with all lawfully served Wage and Earnings Assignment Orders and Notices of Assignment and will continue to maintain compliance. Such certification shall be submitted on the Child Support Compliance Program ("CSCP") Certification, also incorporated herein by reference.

Failure of Contractor to submit the CSCP Certification (which includes certification that the POI Form has been submitted to the CSSD) to CSSD shall represent a material breach of contract upon which County may immediately suspend or terminate this Agreement.

37. TERMINATION FOR BREACH OF WARRANTY TO MAINTAIN COMPLIANCE WITH COUNTY'S CHILD SUPPORT COMPLIANCE PROGRAM: Failure of Contractor to maintain compliance with the requirements set forth in the CONTRACTOR'S WARRANTY OF ADHERENCE TO COUNTY'S CHILD SUPPORT COMPLIANCE PROGRAM Paragraph immediately above, shall constitute a default by Contractor under this Agreement. Without limiting the rights and remedies available to County under any other provision of this Agreement, failure to cure such default within ninety (90) calendar days of written notice by County's CSSD shall be grounds upon which County's Board of Supervisors may terminate this

Agreement pursuant to the TERMINATION FOR INSOLVENCY AND DEFAULT Paragraph of this Agreement.

38. CONTRACTOR'S ACKNOWLEDGMENT OF COUNTY'S COMMITMENT TO CHILD SUPPORT ENFORCEMENT: Contractor acknowledges that County places a high priority on the enforcement of child support laws and the apprehension of child support evaders. Contractor understands that it is County's policy to encourage all County Contractors to voluntarily post County's "L.A.'s ("Los Angeles'") Most Wanted: Delinquent Parents" poster in a prominent position at Contractor's place of business. County's CSSD will supply Contractor with the poster to be used.

39. NONEXCLUSIVITY: Contractor acknowledges that it is not the exclusive provider to County of the services to be provided under this Agreement, that County has, or intends to enter into, contracts with other providers of such services, and that County reserves the right to itself perform the services with its own County personnel. During the term of this Agreement, Contractor agrees to provide County with the services described in the Agreement.

40. CONSTRUCTION: To the extent there are any rights, duties, obligations, or responsibilities enumerated in the recitals or otherwise in this Agreement, they shall be deemed a part of the operative provisions of this Agreement and are fully binding upon the parties.

41. GOVERNING LAWS, JURISDICTION, AND VENUE: This Agreement shall be governed by, and construed in accordance with, the laws of the State of California. Contractor hereby agrees and consents to

submit to the exclusive jurisdiction of the courts of the State of California for all purposes regarding this Agreement and further agrees and consents that venue of any action (other than an appeal or an enforcement of a judgement) brought by Contractor, on Contractor's behalf, or on the behalf of any subcontractor which arises from this Agreement or is concerning or connected with services performed pursuant to this Agreement, shall be exclusively in the courts of the State of California located in Los Angeles County, California.

42. WAIVER: No waiver of any breach of any provision of this Agreement by County shall constitute a waiver of any other breach of such provision. Failure of County to enforce at any time, or from time to time, any provision of this Agreement shall not be construed as a waiver thereof. The remedies herein reserved shall be cumulative and in addition to any other remedies in law or equity.

43. SEVERABILITY: If any provisions of this Agreement or the application thereof to any person or circumstance is held invalid, the remainder of this Agreement and the application of such provision to other persons or circumstances shall not be affected thereby.

44. CONTRACTOR'S EXCLUSION FROM PARTICIPATION IN A FEDERALLY FUNDED PROGRAM: Contractor hereby warrants that neither it nor any of its staff members is restricted or excluded from providing services under any health care program funded by the Federal government, directly or indirectly, in whole or in part, and that Contractor will notify Director within thirty (30) calendar days in

writing of: (1) any event that would require Contractor or a staff member's mandatory exclusion from participation in a Federally funded health care program; and (2) any exclusionary action taken by any agency of the Federal government against Contractor or one or more staff members barring it or the staff members from participation in a Federally funded health care program, whether such bar is direct or indirect, or whether such bar is in whole or in part.

Contractor shall indemnify and hold County harmless against any and all loss or damage County may suffer arising from any Federal exclusion of Contractor or its staff members from such participation in a Federally funded health care program.

Failure by Contractor to meet the requirements of this Paragraph shall constitute a material breach of contract upon which County may immediately terminate or suspend this Agreement.

45. NOTICE TO EMPLOYEES REGARDING THE FEDERAL EARNED INCOME CREDIT: Contractor shall notify its employees, and shall require each subcontractor to notify its employees, that they may be eligible for the Federal Earned Income Credit under the Federal income tax laws. Such notice shall be provided in accordance with the requirements set forth in Internal Revenue Service Notice 1015.

46. CONTRACTOR RESPONSIBILITY AND DEBARMENT:

A. A responsible contractor is a contractor who has demonstrated the attribute of trustworthiness, as well as quality, fitness, capacity, and experience to satisfactorily

perform the contract. It is County's policy to conduct business only with responsible contractors.

B. Contractor is hereby notified that, in accordance with Chapter 2.202 of the County Code, if County acquires information concerning the performance of Contractor under this Agreement or other contracts, which indicates that Contractor is not responsible, County may or otherwise in addition to other remedies provided under this Agreement, debar Contractor from bidding on County contracts for a specified period of time not to exceed three (3) years, and terminate this Agreement and any or all existing contracts Contractor may have with County.

C. County may debar Contractor if the Board of Supervisors finds, in its discretion, that Contractor has done any of the following: (1) violated any term of this Agreement or other contract with County, (2) committed any act or omission which negatively reflects on Contractor's quality, fitness, or capacity to perform a contract with County or any other public entity, or engaged in a pattern or practice which negatively reflects on same, (3) committed an act or offense which indicates a lack of business integrity or business honesty, or (4) made or submitted a false claim against County or any other public entity.

D. If there is evidence that Contractor may be subject to debarment, Director will notify Contractor in writing of the evidence which is the basis for the proposed debarment and will

advise Contractor of the scheduled date for a debarment hearing before County's Contractor Hearing Board.

E. The Contractor Hearing Board will conduct a hearing where evidence on the proposed debarment is presented. Contractor or Contractor's representative, or both, shall be given an opportunity to submit evidence at that hearing. After the hearing, the Contractor Hearing Board shall prepare a proposed decision, which shall contain a recommendation regarding whether Contractor should be debarred, and, if so, the appropriate length of time of the debarment. If Contractor fails to avail itself of the opportunity to submit evidence to the Contractor Hearing Board, Contractor shall be deemed to have waived all rights of appeal.

F. A record of the hearing, the proposed decision, and any other recommendation of the Contractor Hearing Board shall be presented to the Board of Supervisors. The Board of Supervisors shall have the right at its sole discretion to modify, deny, or adopt the proposed decision and recommendation of the Contractor Hearing Board.

G. These terms shall also apply to any subcontractors of Contractor, vendor, or principal owner of Contractor, as defined in Chapter 2.202 of the County Code.

47. USE OF RECYCLED - CONTENT PAPER: Consistent with County's Board of Supervisors policy to reduce the amount of solid waste deposited at County landfills, Contractor agrees to use recycled-content bond paper and paper products to the maximum extent possible in

connection with services to be performed by Contractor under this Agreement.

48. COMPLIANCE WITH JURY SERVICE PROGRAM:

A. Jury Services Program: This Agreement is subject to the provisions of the County's ordinance entitled Contractor Employee Jury Service ("Jury Service Program") as codified in Sections 2.203.010 through 2.203.090 of the Los Angeles County Code.

B. Written Employee Jury Service Policy:

(1) Unless Contractor has demonstrated to County's satisfaction either that Contractor is not a "Contractor" as defined under the Jury Services Program (Section 2.203.020 of the County Code) or that Contractor qualifies for an exception to the Jury Services Program (Section 2.203.070 of the County Code), Contractor shall have and adhere to a written policy that provides that its employees shall receive from Contractor, on an annual basis, no less than five (5) days of regular pay for actual jury service served. Contractor's policy may further provide that employees deposit any fees received for such jury service with Contractor or that Contractor deduct from the employee's regular pay the fees received for jury service.

(2) For purpose of this Paragraph, and as set forth in the Jury Services Program provisions of the County

Code as described hereinabove: "Contractor" shall mean a person, partnership, corporation, or other entity, that has a contract with County, or a subcontract with a County contractor, and has received, or will receive, an aggregate sum of Fifty Thousand Dollars (\$50,000) or more in any twelve (12) month period under one (1) or more County contracts or subcontracts; "employee" shall mean any California resident who is a full-time employee of Contractor; and "full-time" shall mean forty (40) hours or more worked per week, or a lesser number of hours, if: 1) the lesser number is a recognized industry standard as determined by the County, or 2) Contractor has a long-standing practice that defines the lesser number of hours as full-time.

Full-time employees providing short-term temporary services of ninety (90) days or less within a twelve (12) month period are not considered full-time for purposes of the Jury Service Program. If Contractor uses any subcontractor to perform services for County under this Agreement, the subcontractor shall also be subject to the provisions of this Paragraph. The provisions of this Paragraph shall be inserted into any such subcontract agreement and a copy of the Jury Service Program shall be attached to the agreement.

(3) If Contractor is not required to comply with the Jury Service Program on the effective date of this

Agreement, Contractor shall have a continuing obligation to review the applicability of its "exception status" from the Jury Services Program, and Contractor shall immediately notify County if Contractor at any time either comes within the Jury Service Program's definition of "Contractor", or if Contractor no longer qualifies for an exception to the Jury Service Program. In either event, Contractor shall immediately implement a written policy consistent with the Jury Service Program. County may also require, at any time during the Agreement term, and at its sole discretion, that Contractor demonstrate to County's satisfaction that Contractor either continues to remain outside of the Jury Service Program's definition of "contractor" and/or that Contractor continues to qualify for an exception to the Jury Service Program.

(4) Contractor's violation of this Paragraph of the Agreement may constitute a material breach of this Agreement. In the event of such breach, County may, in its sole discretion, terminate this Agreement and/or bar Contractor from the award of future County contracts for a period of time consistent with the seriousness of the breach.

49. NOTICE TO EMPLOYEES REGARDING THE SAFELY SURRENDERED BABY

LAW: The Contractor shall notify and provide to its employees, and shall require each subcontractor to notify and provide to its employees, a fact sheet regarding the Safely Surrendered Baby Law, its implementation in Los Angeles County, and where and how to safely surrender a baby. The fact sheet is set forth in Attachment II of this contract and is also available on the Internet at www.babysefela.org for printing purposes.

50. CONTRACTOR'S ACKNOWLEDGMENT OF COUNTY'S COMMITMENT TO THE

SAFELY SURRENDERED BABY LAW: The Contractor acknowledges that the County places a high priority on the implementation of the Safely Surrendered Baby Law. The Contractor understands that it is the County's policy to encourage all County Contractors to voluntarily post the County's "Safely Surrendered Baby Law" poster in a prominent position at the Contractor's place of business. The Contractor will also encourage its Subcontractors, if any, to post this poster in a prominent position in the Subcontractor's place of business. The Department of Children and Family Services will supply the Contractor with the poster to be used.

51. NO PAYMENT FOR SERVICES PROVIDED FOLLOWING

EXPIRATION/TERMINATION OF AGREEMENT: Contractor shall have no claim against County for the payment of any monies, or reimbursements of any kind whatsoever, for any service provided by Contractor after the expiration or (other) termination of this Agreement, even if Contractor's provision of such services were requested by County directly. Should Contractor receive any such payment, it shall

immediately notify County and shall repay or return all such funds or reimbursements to County within a reasonable amount of time. Payment by County for services rendered after expiration/termination of this Agreement shall not constitute a waiver of County's right to recover such payment from Contractor. This provision shall survive the expiration or (other) termination of this Agreement.

02/14/2003
AGRAPCD2697.RB

**No shame.
No blame.
No names.**

**Newborns can be safely given up
at any Los Angeles County
hospital emergency room or fire station.**



In Los Angeles County:

1-877-BABY SAFE

1-877-222-9723

www.babysafela.org



State of California
Gray Davis, Governor

Health and Human Services Agency
Grantland Johnson, Secretary

Department of Social Services
Rita Saenz, Director



Los Angeles County Board of Supervisors

Gloria Molina, Supervisor, First District

Yvonne Brathwaite Burke, Supervisor, Second District

Zev Yaroslavsky, Supervisor, Third District

Don Knabe, Supervisor, Fourth District

Michael D. Antonovich, Supervisor, Fifth District

This initiative is also supported by First 5 LA and INFO LINE of Los Angeles.

What is the Safely Surrendered Baby Law?

California's Safely Surrendered Baby Law allows parents to give up their baby confidentially. As long as the baby has not been abused or neglected, parents may give up their newborn without fear of arrest or prosecution.

How does it work?

A distressed parent who is unable or unwilling to care for a baby can legally, confidentially and safely give up a baby within three days of birth. The baby must be handed to an employee at a Los Angeles County emergency room or fire station. As long as the child shows no signs of abuse or neglect, no name or other information is required. In case the parent changes his or her mind at a later date and wants the baby back, workers will use bracelets to help connect them to each other. One bracelet will be placed on the baby, and a matching bracelet will be given to the parent.

What if a parent wants the baby back?

Parents who change their minds can begin the process of reclaiming their newborns within 14 days. These parents should call the Los Angeles County Department of Children and Family Services at 1-800-540-4000.

Can only a parent bring in the baby?

In most cases, a parent will bring in the baby. The law allows other people to bring in the baby if they have legal custody.

Does the parent have to call before bringing in the baby?

No. A parent can bring in a baby anytime, 24 hours a day, 7 days a week so long as the parent gives the baby to someone who works at the hospital or fire station.

Does a parent have to tell anything to the people taking the baby?

No. However, hospital personnel will ask the parent to fill out a questionnaire designed to gather important medical history information, which is very useful in caring for the child. Although encouraged, filling out the questionnaire is not required.

What happens to the baby?

The baby will be examined and given medical treatment, if needed. Then the baby will be placed in a pre-adoptive home.

What happens to the parent?

Once the parent(s) has safely turned over the baby, they are free to go.

Why is California doing this?

The purpose of the Safely Surrendered Baby Law is to protect babies from being abandoned by their parents and potentially being hurt or killed. You may have heard tragic stories of babies left in dumpsters or public bathrooms. The parents who committed these acts may have been under severe emotional distress. The mothers may have hidden their pregnancies, fearful of what would happen if their families found out. Because they were afraid and had nowhere to turn for help, they abandoned their infants. Abandoning a baby puts the child in extreme danger. It is also illegal. Too often, it results in the baby's death. Because of the Safely Surrendered Baby Law, this tragedy doesn't ever have to happen in California again.

A baby's story

At 8:30 a.m. on Thursday, July 25, 2002, a healthy newborn baby was brought to St. Bernardine Medical Center in San Bernardino under the provisions of the California Safely Surrendered Baby Law. As the law states, the baby's mother did not have to identify herself. When the baby was brought to the emergency room, he was examined by a pediatrician, who determined that the baby was healthy and doing fine. He was placed with a loving family while the adoption process was started.

Every baby deserves a chance for a healthy life. If someone you know is considering abandoning a newborn, let her know there are other options.

It is best that women seek help to receive proper medical care and counseling while they are pregnant. But at the same time, we want to assure parents who choose not to keep their baby that they will not go to jail if they deliver their babies to safe hands in any Los Angeles County hospital ER or fire station.

Sin pena. Sin culpa. Sin peligro.

**Los recién nacidos pueden ser entregados
en forma segura en la sala de emergencia de
cualquier hospital o en un cuartel de bomberos
del Condado de Los Angeles.**



En el Condado de Los Angeles:

1-877-BABY SAFE

1-877-222-9723

www.babysafela.org



Estado de California
Gray Davis, Gobernador

Agencia de Salud y Servicios Humanos
(Health and Human Services Agency)
Grantland Johnson, Secretario

Departamento de Servicios Sociales
(Department of Social Services)
Rita Saenz, Directora



Consejo de Supervisores del Condado de Los Angeles

Gloria Molina, Supervisora, Primer Distrito

Yvonne Brathwaite Burke, Supervisora, Segundo Distrito

Zev Yaroslavsky, Supervisor, Tercer Distrito

Don Knabe, Supervisor, Cuarto Distrito

Michael D. Antonovich, Supervisor, Quinto Distrito

Esta Iniciativa tambien esta apollada por First 5 LA y INFO LINE de Los Angeles.

¿Qué es la Ley de Entrega de Bebés Sin Peligro?

La Ley de Entrega de Bebés Sin Peligro de California permite a los padres entregar a su recién nacido confidencialmente. Siempre que el bebé no haya sufrido abuso ni negligencia, padres pueden entregar a su recién nacido sin temor a ser arrestados o procesados.

¿Cómo funciona?

El padre/madre con dificultades que no pueda o no quiera cuidar de su recién nacido puede entregarlo en forma legal, confidencial y segura, dentro de los tres días del nacimiento. El bebé debe ser entregado a un empleado de una sala de emergencias o de un cuartel de bomberos del Condado de Los Angeles. Siempre que el bebé no presente signos de abuso o negligencia, no será necesario suministrar nombres ni información alguna. Si el padre/madre cambia de opinión posteriormente y desea recuperar a su bebé, los trabajadores utilizarán brazaletes para poder vincularlos. El bebé llevará un brazaletes y el padre/madre recibirá un brazaletes igual.

¿Qué pasa si el padre/madre desea recuperar a su bebé?

Los padres que cambien de opinión pueden empezar el proceso de reclamar a su recién nacido dentro de los 14 días. Estos padres deberán llamar al Departamento de Servicios para Niños y Familias (Department of Children and Family Services) del Condado de Los Angeles, al 1-800-540-4000.

¿Sólo los padres podrán llevar al recién nacido?

En la mayoría de los casos, los padres son los que llevan al bebé. La ley permite que otras personas lleven al bebé si tienen la custodia legal del menor.

¿Los padres deben llamar antes de llevar al bebé?

No. El padre/madre puede llevar a su bebé en cualquier momento, las 24 horas del día, los 7 días de la semana, mientras que entregue a su bebé a un empleado del hospital o de un cuartel de bomberos.

¿Es necesario que el padre/madre diga algo a las personas que reciben al bebé?

No. Sin embargo, el personal del hospital le pedirá que llene un cuestionario con la finalidad de recabar antecedentes médicos importantes, que resultan de gran utilidad para los cuidados que recibirá el bebé. Es recomendado llenar este cuestionario, pero no es obligatorio hacerlo.

¿Qué ocurrirá con el bebé?

El bebé será examinado y, de ser necesario, recibirá tratamiento médico. Luego el bebé se entregará a un hogar preadoptivo.

¿Qué pasará con el padre/madre?

Una vez que los padres hayan entregado a su bebé en forma segura, serán libres de irse.

¿Por qué California hace esto?

La finalidad de la Ley de Entrega de Bebés Sin Peligro es proteger a los bebés del abandono por parte de sus padres y de la posibilidad de que mueran o sufran daños. Usted probablemente haya escuchado historias trágicas sobre bebés abandonados en basureros o en baños públicos. Es posible que los padres que cometieron estos actos hayan estado atravesando dificultades emocionales graves. Las madres pueden haber ocultado su embarazo, por temor a lo que pasaría si sus familias se enteraran. Abandonaron a sus recién nacidos porque tenían miedo y no tenían adonde recurrir para obtener ayuda. El abandono de un recién nacido lo pone en una situación de peligro extremo. Además es ilegal. Muy a menudo el abandono provoca la muerte del bebé. Ahora, gracias a la Ley de Entrega de Bebés Sin Peligro, esta tragedia ya no debe suceder nunca más en California.

Historia de un bebé

A las 8:30 a.m. del jueves 25 de julio de 2002, se entregó un bebé recién nacido saludable en el St. Bernardine Medical Center en San Bernardino, en virtud de las disposiciones de la Ley de Entrega de Bebés Sin Peligro. Como lo establece la ley, la madre del bebé no se tuvo que identificar. Cuando el bebé llegó a la sala de emergencias, un pediatra lo revisó y determinó que el bebé estaba saludable y no tenía problemas. El bebé fue ubicado con una buena familia, mientras se iniciaban los trámites de adopción.

**Cada recién nacido merece una
oportunidad de tener una vida saludable.
Si alguien que usted conoce está pensando
en abandonar a un recién nacido, infórmele
qué otras opciones tiene.**

Es mejor que las mujeres busquen ayuda para recibir atención médica y asesoramiento adecuado durante el embarazo. Pero al mismo tiempo, queremos asegurarles a los padres que optan por no quedarse con su bebé que no irán a la cárcel si dejan a sus bebés en buenas manos en cualquier sala de emergencia de un hospital o en un cuartel de bomberos del Condado de Los Angeles.

EMPLOYEE'S ACKNOWLEDGMENT OF EMPLOYER

I understand that _____, is my sole employer for purposes of this employment.

I rely exclusively upon _____, for payment of salary and any and all other benefits payable to me or my behalf during the period of this employment.

I understand and agree that I am not an employee of Los Angeles County for any purpose and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles during the period of this employment.

I understand and agree that I do not have and will not acquire any rights or benefits pursuant to any agreement between my employer _____, and the County of Los Angeles.

ACKNOWLEDGED AND RECEIVED:

NAME: _____

DATE: _____

NAME: _____

Print

Copy must be forwarded by CONTRACTOR to Department of Human Resources, Health, Safety, and Disability Benefits Division, 3333 Wilshire Boulevard, 10th Floor, Los Angeles, California 90010.

AGRE
02/14/03

EXHIBIT A

COMMUNITY AGENCIES

**COMMUNITY HEALTH COVERAGE:
OUTREACH, ENROLLMENT, UTILIZATION AND RETENTION SERVICES**

1. DEFINITION: Community Health Coverage: Outreach, Enrollment, Utilization and Retention Services (CHCOEUR) are comprehensive programs that: develop and utilize a variety of techniques for health coverage outreach and enrollment; provide individual assessments of health coverage eligibility; develop and utilize a variety of techniques to reduce barriers to health coverage enrollment and utilization of benefits; and implement strategies to support health coverage retention. The delivery format of such programs may include, but not be limited to: community outreach and education, presentations, enrollment events, eligibility assessment, application assistance, enrollment verification, utilization assistance and assistance with redetermination.

2. PERSONS TO BE SERVED:

A. CHCOEUR services shall be provided in Los Angeles County.

B. Contractor shall provide services to two target populations: 1) uninsured children in Los Angeles County ages 0-5 and their families who may be eligible for Healthy Kids, Medi-Cal, Healthy Families, and other no- or low-cost

health coverage programs 2) uninsured children in Los Angeles County ages 6-18 and their families who may be eligible for Healthy Kids, Medi-Cal, Healthy Families, and other no- or low-cost health coverage programs (in accordance with exhibits A-1, Scope of Work, attached hereto and incorporated herein by reference).

B. CHCOEUR services shall be provided to individuals who may be eligible for Healthy Kids, Medi-Cal, Healthy Families or other no-cost or low-cost health coverage programs who reside in ENTER SPECIFIC GEOGRAPHIC AREA(S) of Los Angeles County.

3. SERVICE DELIVERY SITE(S): Contractor's facility(ies) where services are to be provided hereunder are located at: ENTER ADDRESS OR SPECIFIC COMMUNITY LOCATIONS WHERE SERVICES WILL BE CONDUCTED. For purposes of this Agreement, Contractor shall specify specific cross streets and locations for street outreach activities in monthly reports to the Department of Health Services (DHS). Contractor shall request approval from DHS in writing a minimum of thirty (30) days before terminating services at such location(s) and/or before commencing services at any other location(s).

4. COUNTY'S MAXIMUM OBLIGATION: During the periods of July 1, 2003 through June 30, 2004, that portion of County's

maximum obligation which is allocated under this Exhibit for CHCOER services shall not exceed (Spell out the dollar amount Dollars) (\$ numerical dollar amount).

5. COMPENSATION:

A. County agrees to compensate Contractor for performing services hereunder for actual reimbursable net cost basis as set forth in Schedule 1.

Payment for services provided hereunder shall be subject to the provisions set forth in the PAYMENT Paragraph of the ADDITIONAL PROVISIONS of this Agreement.

6. SERVICES TO BE PROVIDED:

A. Contractor shall provide CHCOEUR services in accordance with procedures formulated and adopted by Contractor's staff, consistent with law, regulations, and the terms of this Agreement. Additionally, Contractor shall provide such services as described in Exhibit A-1, Scope of Work, attached hereto and incorporated herein by reference.

B. Contractor shall obtain written approval from DHS's authorized designee for all educational materials utilized in association with this Agreement prior to its implementation.

C. Contractor shall submit for approval such educational materials to DHS at least thirty (30) days prior to the projected date of implementation. For the purposes

of this Agreement, educational materials may include, but not limited to, written materials (e.g., curricula, pamphlets, brochures, fliers), audiovisual materials (e.g., films, videotapes), and pictorials (e.g., posters and similar educational materials using photographs, slides, drawings, or paintings).

D. Failure of Contractor to abide by this requirement may result in the suspension of this Agreement at the Director's sole discretion.

E. Contractor shall utilize funds received from County for the sole purpose of providing CHCOEUR services.

F. Contractor shall maintain separate financial accounts of funds received from County.

7. STAFFING REQUIREMENTS:

A. Contractor shall recruit linguistically and culturally appropriate staff. For the purposes of this Agreement, staff shall be defined as paid and volunteer individuals providing services as described in Exhibit A-1, Scope of Work, attached hereto and incorporated herein by reference.

B. Contractor shall maintain recruitment records, to include, but not limited to: 1) job description of all positions funded under this agreement; 2) staff résumé(s); 3) appropriate degrees and licenses; and 4) biographical

sketch(es) as appropriate.

In accordance with the ADDITIONAL PROVISION attached hereto and incorporated herein by reference, if during the term of this Agreement an executive director, program director, or a supervisory position becomes vacant, Contractor shall notify the DHS's authorized designee in writing prior to filling said vacancy.

8. STAFF DEVELOPMENT AND TRAINING: Contractor shall conduct ongoing and appropriate staff development and training as described in Exhibit A-1, Scope of Work, attached hereto and incorporated herein by reference.

A. Contractor shall provide and/or allow access to ongoing staff development and training of CHCOEUR staff. Staff Development and training shall include, but not be limited to, DHS approved CHCOEUR Comprehensive Training and periodic health coverage program reviews and updates.

B. Contractor shall maintain documentation of staff training in each employee file to include, but, not limited to: 1) date, time, and location of staff training; 2) name of trainer and title, training topic(s); 3) and name of attendees and title.

C. Contractor shall document training activities in the monthly report to DHS.

9. DHS DATA SYSTEM: Contractor shall enter data on program

participants into the DHS Internet-based data tracking and reporting system. "Enter" is defined as either a) directly entering required data elements into the DHS data system, or b) uploading required data elements into the DHS data system using a DHS developed/approved data conversion program.

Option B shall be approved only if Contractor's data system has been in use for a minimum of one year and DHS determines that the Contractor system is highly compatible with the DHS data system. In the event that DHS does not permit Option B, Contractor must enter required data elements directly into the DHS system through manual data entry.

Contractor/Subcontractor staff using the DHS data tracking and reporting system will be given a user identification and password to ensure the security of the system and the confidentiality of client records. In the event that an agency staff person terminates employment with the CHCOEURT, Contractor/Subcontractor must delete the user account immediately. In the event that an agency staff person at the administrative level terminates employment with the CHCOEURT, Contractor must contact DHS immediately so that DHS can delete this administrative account and assign a new administrative account.

10. PROPRIETARY CONSIDERATIONS:

A. County and Contractor agree that aggregated, non-

identifying client data and other materials and information developed and or modified under this Agreement may be used by either Contractor or County both during and subsequent to the term of this Agreement.

B. County and Contractor agree to protect the security of all data, materials, and information developed and or produced under this Agreement. Further, County and Contractor agree to use best efforts to protect all such data, materials, and information from loss or damage by any cause, including, but not limited to fire and theft.

11. REPORTS: Subject to the reporting requirements of the REPORTS Paragraph of the ADDITIONAL PROVISIONS of this Agreement attached hereto, Contractor shall submit the following report(s):

A. Monthly Report: Contractor shall generate a monthly report using the DHS data system and submit this monthly report to DHS no later than fifteen (15) days after the end of each calendar month. Monthly reports shall clearly reflect all required information as specified on the monthly report form provided by DHS.

B. Quarterly Reports: Contractor shall submit to DHS a quarterly report within the time period as directed for each quarter. Quarterly reports shall include all the required information and be completed in the correct format.

C. Annual Report: Contractor shall submit to DHS an annual report within the time period as directed for each year. Annual reports shall include all the required information and be completed in the correct format.

12. ANNUAL TUBERCULOSIS SCREENING FOR STAFF: Prior to employment or provision of services hereunder, and annually thereafter, Contractor shall obtain and maintain documentation of tuberculosis screening for each employee, volunteer, and consultant providing face-to-face client services hereunder. Such tuberculosis screening shall consist of tuberculin skin test (Mantoux test) and/or written certification by a physician that the person is free from active tuberculosis based on a chest x-ray.

13. QUALITY IMPROVEMENT: Contractor shall develop and submit to DHS within ninety (90) days of the execution of this Agreement its written Quality Improvement (QI) Plan. The QIP shall describe a process for ensuring continual progress toward measurable objectives, client satisfaction, and success of outreach, enrollment, utilization, and retention services.

**EXHIBIT A-1
SCOPE OF WORK**

Fiscal Year 2003 – 2004

Goal:\To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
1.1 By June 30, 2004, Venice Family Clinic (VFC) will have successfully engaged a minimum of 3000 of the target population in Service Planning Area (SPA) 5 through an outreach contact.	1.1a Develop outreach protocol including: outreach contact forms/event summary sheets, sign-in sheets, and educational materials. Outreach and educational materials shall be culturally and linguistically appropriate and include information regarding Healthy Kids, Medi-Cal, Healthy Families, public benefits programs and other no or low-cost health programs. Submit to Department of Health Services (DHS) for approval.	By 9/1/03	1.1a DHS letters of approval on file and materials will be kept on file.
"Successfully engaged" is defined as having documented agency outreach contacts (see Implementation Activities 1.1d and Methods of Evaluating Objectives 1.1c)	1.1b Schedule outreach and maintain a list or calendar of sites, dates, and times.	7/03-ongoing	1.1b Documents will be kept on file and summary of events will be submitted with monthly reports to DHS.
An "outreach contact" is defined as speaking directly either in person or by telephone with a client or potential client for at least five minutes to publicize available health care options and services. Outreach Contacts may include education, promotion, presentations, and informational activities and may be to individuals or groups of people.	1.1c Conduct events (presentation, fairs, etc.) and complete event summaries. Event summaries to include site, date, outreach workers(s), flyers, number of individuals contacted, sign-in sheets, if appropriate, and materials presented.	7/03-ongoing	1.1c Documents will be kept on file and number of participants will be reported to DHS in monthly reports.
	1.1d Conduct outreach and maintain contact documentation including but not limited to: sites, dates, name of outreach worker, number of individuals contacted, family name/identifier.	7/03-ongoing	1.1d Completed documentation will be kept on file.
	1.1e Enter documentation of outreach numbers into DHS database.	By 9/1/03-ongoing	1.1e Data system will be queried to generate outreach numbers.

Contractor: Venice Family Clinic
Contract #: _____

**EXHIBIT A-1
SCOPE OF WORK**

Fiscal Year 2003 – 2004

Contractor: Venice Family Clinic
Contract #: _____

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>2.1 By June 30, 2004, VFC will have completed applications for a minimum of 650 clients in SPA 5 for Healthy Kids, Medi-Cal, Healthy Families, Kaiser Cares for Kids 1 or 2, Access for Infants and Mothers, or California Kids. VFC will also provide clients with referrals to appropriate health programs or health agencies.</p>	2.1a Develop enrollment protocol. Submit to DHS for approval.	By 9/1/03	2.1a DHS letters of approval and materials on file.
	2.1b Conduct enrollment activities utilizing DHS approved client intake and enrollment verification forms.	7/03-ongoing	2.1b Completed materials (i.e. client intake and enrollment verification forms) will be kept on file and number of participants documented in monthly reports to DHS.
	2.1c Enter data from DHS approved forms into DHS data system utilizing appropriate codes.	By 9/1/03-ongoing	2.1c For monthly reports, DHS data system will be queried to generate number of applications submitted.
	2.1d Develop referral protocol and submit to DHS for approval.	By 9/1/03	2.1d DHS letters of approval on file.
	2.1e Screen and refer clients for appropriate services. Document referral information with appropriate codes on client intake form.	7/03-ongoing	2.1e Maintain client intake forms with services/program referral information
<p>"Referrals" are defined as referring clients in person or by telephone for services to other health programs (i.e. CHDP, CCS, PPP/DHS, early detection programs, legal services for health issues, etc.) Referral must include explanation of programs and eligibility screening of the client if the program has eligibility requirements. Does not include referrals for shelter, child-care, or other non-direct health needs.</p>			

**EXHIBIT A-1
SCOPE OF WORK**

Fiscal Year 2003 – 2004

Goal:\To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>2.2 By June 30, 2004, VFC will have investigated enrollment status within three months of application completion date on a minimum of 100% of clients for whom VFC assisted with or facilitated applications as measured in Objective 2.1</p> <p>This objective documents agency effort to ascertain enrollment status.</p> <p>"Investigated enrollment status" is defined as 1) attempted contact with clients within three months of application completion date to find out whether or not client has received insurance card or 2) checking status with appropriate insurer through telephone or computer (i.e. MEDS).</p>	<p>2.2a Develop enrollment verification protocol. Submit to DHS for approval.</p> <p>2.2b Conduct enrollment verification using DHS approved enrollment verification forms.</p> <p>2.2c Enter data from DHS approved forms into DHS data system.</p>	<p>By 9/1/03</p> <p>7/03 – ongoing</p> <p>By 9/1/03-ongoing</p>	<p>2.2a Letter(s) of DHS approval and materials will be kept on file.</p> <p>2.2b Completed client enrollment verification and troubleshooting forms/reports will be kept on file.</p> <p>2.2c DHS data system will be queried to generate number of clients for whom enrollment status has been investigated in monthly reports submitted to DHS.</p>
<p>2.3 By June 30, 2004, VFC will have confirmed enrollment on 75% of client applications assisted with or facilitated by VFC as measured in Objective 2.1</p> <p>The objective documents enrollment outcome.</p> <p>"Confirmed enrollment" is defined as 1) client has stated that they received notification from insurer or 2) appropriate insurer or computer system has verified that client has been successfully enrolled.</p>	<p>2.3a Document dates of enrollment follow-up and enrollment status on enrollment verification and troubleshooting form.</p> <p>2.3b Enter data from DHS approved forms into DHS database.</p>	<p>7/03 – ongoing</p> <p>By 9/1/03-ongoing</p>	<p>2.3a Completed client enrollment verification and troubleshooting forms/reports will be kept on file.</p> <p>2.3b DHS data system will be queried to generate number of clients who have been confirmed enrolled in monthly reports submitted to DHS.</p>

Contractor: Venice Family Clinic
Contract #: _____

**EXHIBIT A-1
SCOPE OF WORK**

Fiscal Year 2003 – 2004

Goal:\To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
3.1 By June 30, 2004, VFC will provide ongoing assistance to 648 clients experiencing problems with enrollment, utilizing benefits, or retention. "Ongoing assistance" is defined as in-depth troubleshooting or problem solving designed to help clients overcome barriers to health insurance enrollment, utilization, or retention. Does not include assistance with redetermination (measured in Objective 4.1). Assistance may be provided to 1) clients who originally applied with Contracting Agency or 2) clients who submitted applications with another agency or DPSS but have requested assistance from Contracting Agency.	3.1a Develop utilization protocol and submit to DHS for approval. 3.1b Conduct troubleshooting/problem solving for clients. This includes conducting the Health Consumer Education Series. Document results on appropriate forms. 3.1c Enter data from DHS approved forms into DHS database.	By 9/1/03 7/03 - ongoing By 9/1/03 - ongoing	3.1a Letter(s) of DHS approval and materials will be kept on file. 3.1b Completed forms will be kept on file and documented in monthly reports to DHS. 3.1c DHS database will be queried to generate numbers of clients receiving ongoing assistance in monthly reports submitted to DHS.
4.1 By June 30, 2004, VFC will offer redetermination assistance at 11-12 months to 75% of clients whose applications were assisted or facilitated by VFC in Objective 2.1 and were confirmed enrolled. "Offer redetermination assistance" is defined as attempting to contact 100% of clients and making successful contact with 75% of clients either in-person or by telephone to determine whether redetermination assistance is desired.	4.1a Develop redetermination protocol and submit to DHS for approval. 4.1b Conduct redetermination assistance and document results on redetermination form using the appropriate codes. 4.1c. Enter data from DHS approved redetermination form into DHS database.	By 9/1/03 7/03-ongoing By 9/1/03-ongoing	4.1a Letter(s) of DHS approval and materials will be kept on file. 4.1b. Completed forms will be kept on file and documented in monthly reports to DHS via database. 4.1c. DHS data system will be queried to generate number of clients offered redetermination assistance at 11-12 months in monthly reports submitted to DHS.

Contractor: Venice Family Clinic
Contract #: _____

Contractor: Venice Family Clinic
Contract #: _____

EXHIBIT A-1 SCOPE OF WORK

Fiscal Year 2003 – 2004

Goal: \To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
4.2 By June 30, 2004, VFC will provide re-determination assistance to 60 clients who submitted their original application elsewhere, but have requested re-determination assistance from VFC.	4.2a Conduct redetermination assistance and document on DHS approved redetermination form using the appropriate codes. 4.2b Enter data from DHS approved redetermination form into DHS data system.	7/03-ongoing By 9/1/03-ongoing	4.2a Completed forms will be kept on file. 4.2b DHS data system will be queried to generate number of "non-agency" clients receiving redetermination assistance in monthly reports submitted to DHS.
"Provide redetermination assistance" is defined as helping clients to complete health insurance re-certification paperwork.			
5.1 By June 30, 2005, VFC will have a minimum of 70% retention rate at 14 months for a sample of clients who submitted applications and were confirmed enrolled (Objective 2.1)	5.1a Develop retention protocol. Submit to DHS for approval. 5.1b Conduct retention contacts/verification and document results.	By 9/1/03 7/03-ongoing	5.1a Letter(s) of DHS approval and materials will be kept on file. 5.1b Completed forms will be kept on file and documented in monthly reports submitted to DHS via database.
"Retention rate is defined as the number of clients who are still enrolled 14 months after submission of application. "Sample" is defined as a subset of clients who applied over a one-month period (month to be determined by DHS) who are contacted by Contracting Agency 14 months later to determine enrollment status.	5.1c Enter data from retention contacts/verification into DHS data system.	By 9/1/03-ongoing	5.1c DHS data system will be queried to generate 14-month retention rate for a sample of clients in monthly reports submitted to DHS.

**EXHIBIT A-1
SCOPE OF WORK**

Fiscal Year 2003 – 2004

Contractor: Venice Family Clinic
Contract #: _____

Goal:\To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
6.1 By June 30, 2004, VFC will enter data on program participants into DHS' web-based data system to monitor, facilitate, and evaluate health insurance enrollment and retention. "Enter" is defined as either 1) directly entering required data elements into the DHS web-based data system available to all contractors or 2) uploading required data elements into the DHS data system from an agency-created database using a data conversion program approved by DHS.	6.1a VFC will install any necessary computer hardware or software in order to access the Internet. 6.1b Train appropriate personnel on data entry. 6.1c Enter data into DHS' web-based data system. 6.1d Run monthly report and send signed copy to DHS.	By 8/1/03 By 9/1/03-ongoing By 9/1/03-ongoing By 9/1/03-ongoing	6.1a Agency will demonstrate the ability to access the Internet. 6.1b Documentation of training from project coordinator and issuance of username and password for data input. 6.1c DHS database. 6.1d Maintain copies of signed monthly reports on file.
7.1 By June 30, 2004 VFC will ensure that 100% of enrollment staff, including staff at subcontracting agencies, is fully trained to provide outreach, enrollment, utilization and retention services and all new staff are fully trained within 30 days of their start date. "Fully trained" is defined as participation in the DHS approved Comprehensive Training "Core", CAA and Healthy Kids Training.	7.1 Attend DHS approved comprehensive training.	7/03 – ongoing	7.1a Maintain certificates of attendance in employee files.
8.1 By June 30, 2004, VFC will participate in a minimum of 10 of the monthly contractor meetings. "Participate" is defined as attendance by at least one representative from the contracting agency.	8.1a Attend contractors monthly meeting.	7/03-ongoing	8.1a Document name of individual attending monthly meeting in monthly reports to DHS.

Contractor: Venice Family Clinic
Contract #: _____

**EXHIBIT A-1
SCOPE OF WORK**

Fiscal Year 2003 – 2004

Goal:\To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
9.1 By June 30, 2004, VFC will participate in 100% of the Outreach, enrollment utilization, and retention required evaluation activities.	9.1a VFC shall work with DHS for compilation of data, review of outreach efforts, and tracking subcontractors' activities and projects.	7/03-ongoing	9.1a Maintain all materials/tools, records of workload reports, enrollment figures and data on file.
10.1 By June 30, 2004, VFC will conduct 100% of Quality Improvement Plan (QIP) Activities.	10.1a Develop a QIP describing a process for ensuring continual progress toward measurable objectives, client satisfaction, and success of outreach, enrollment, utilization, and retention services. 10.1b Conduct QIP activities.	By 9/1/03 By 9/1/03-ongoing	10.1a Submit QIP to DHS for approval. Letter of QIP approval will be maintained on file. Material to be available for random sampling and auditing by DHS. 10.1b Document QIP appropriate activities in monthly reports to DHS.

**EXHIBIT A-2
SCOPE OF WORK**

Fiscal Year 2004 – 2005

Contractor: Venice Family Clinic
Contract #: _____

Goal:\To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD (S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
1.1 By June 30, 2005, Venice Family Clinic (VFC) will have successfully engaged a minimum of 3000 of the target population in Service Planning Area (SPA) 5 through an outreach contact.	1.1a Review and revise, as necessary, outreach protocol including: outreach contact forms/event summary sheets, sign-in sheets, and educational materials. Outreach and educational materials shall be culturally and linguistically appropriate and include information regarding Healthy Kids, Medi-Cal, Healthy Families, public benefits programs and other no or low-cost health programs. Submit to Department of Health Services (DHS) for approval.	By 8/1/04	1.1a DHS letters of approval on file and materials will be kept on file.
<p>"Successfully engaged" is defined as having documented agency outreach contacts (see Implementation Activities 1.1d and Methods of Evaluating Objectives 1.1c)</p> <p>An "outreach contact" is defined as speaking directly either in person or by telephone with a client or potential client for at least five minutes to publicize available health care options and services. Outreach Contacts may include education, promotion, presentations, and informational activities and may be to individuals or groups of people.</p>	1.1b Schedule outreach and maintain a list or calendar of sites, dates, and times.	7/1/04-ongoing	1.1b Documents will be kept on file and summary of events will be submitted with monthly reports to DHS.
	1.1c Conduct events (presentation, fairs, etc.) and complete event summaries. Event summaries to include site, date, outreach workers(s), flyers, number of individuals contacted, sign-in sheets, if appropriate, and materials presented.	7/1/04-ongoing	1.1c Documents will be kept on file and number of participants will be reported to DHS in monthly reports.
	1.1d Conduct outreach and maintain contact documentation including but not limited to: sites, dates, name of outreach worker, number of individuals contacted, family name/identifier.	7/1/04-ongoing	1.1d Completed documentation will be kept on file.
	1.1e Enter documentation of outreach numbers into DHS database.	7/1/04-ongoing	1.1e Data system will be queried to generate outreach numbers.

**EXHIBIT A-2
SCOPE OF WORK**

Fiscal Year 2004 – 2005

Goal:\To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD (S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>2.1 By June 30, 2005, VFC will have completed applications for a minimum of 650 clients in SPA 5 for Healthy Kids, Medi-Cal, Healthy Families, Kaiser Cares for Kids 1 or 2, Access for Infants and Mothers, or California Kids. VFC will also provide clients with referrals to appropriate health programs or health agencies.</p>	2.1a Review and revise, as necessary, enrollment protocol. Submit to DHS for approval.	By 8/1/04	2.1a DHS letters of approval and materials on file.
	2.1b Conduct enrollment activities utilizing DHS approved client intake and enrollment verification forms.	7/1/04-ongoing	2.1b Completed materials (i.e. client intake and enrollment verification forms) will be kept on file and number of participants documented in monthly reports to DHS.
	2.1c Enter data from DHS approved forms into DHS data system utilizing appropriate codes.	7/1/04-ongoing	2.1c For monthly reports, DHS data system will be queried to generate number of applications submitted.
	2.1d Review and revise, as necessary, referral protocol and submit to DHS for approval.	By 8/1/04	2.1d DHS letters of approval on file.
	2.1e Screen and refer clients for appropriate services. Document referral information with appropriate codes on client intake form.	7/1/04-ongoing	2.1e. Maintain client intake forms with services/program referral information
<p>"Referrals" are defined as referring clients in person or by telephone for services to other health programs (i.e. CHDP, CCS, PPP/DHS, early detection programs, legal services for health issues, etc.) Referral must include explanation of programs and eligibility screening of the client if the program has eligibility requirements. Does not include referrals for shelter, child-care, or other non-direct health needs.</p>			

**EXHIBIT A-2
SCOPE OF WORK**

Fiscal Year 2004 – 2005

Goal:\To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>2.2 By June 30, 2005, VFC will have investigated enrollment status within three months of application completion date on a minimum of 100% of clients for whom VFC assisted with or facilitated applications as measured in Objective 2.1</p> <p>This objective documents agency effort to ascertain enrollment status.</p> <p>"Investigated enrollment status" is defined as 1) attempted contact with clients within three months of application completion date to find out whether or not client has received insurance card or 2) checking status with appropriate insurer through telephone or computer (i.e. MEDS).</p>	<p>2.2a Review and revise, as necessary, enrollment verification protocol. Submit to DHS for approval.</p> <p>2.2b Conduct enrollment verification using DHS approved enrollment verification forms.</p> <p>2.2c Enter data from DHS approved forms into DHS data system.</p>	<p>By 8/1/04</p> <p>7/1/04 – ongoing</p> <p>7/1/04- ongoing</p>	<p>2.2a Letter(s) of DHS approval and materials will be kept on file.</p> <p>2.2b Completed client enrollment verification and troubleshooting forms/reports will be kept on file.</p> <p>2.2c DHS data system will be queried to generate number of clients for whom enrollment status has been investigated in monthly reports submitted to DHS.</p>
<p>2.3 By June 30, 2005, VFC will have confirmed enrollment on 75% of client applications assisted with or facilitated by VFC as measured in Objective 2.1</p> <p>The objective documents enrollment outcome.</p> <p>"Confirmed enrollment" is defined as 1) client has stated that they received notification from insurer or 2) appropriate insurer or computer system has verified that client has been successfully enrolled.</p>	<p>2.3a Document dates of enrollment follow-up and enrollment status on enrollment verification and troubleshooting form.</p> <p>2.3b Enter data from DHS approved forms into DHS database.</p>	<p>7/1/04 – ongoing</p> <p>7/1/04- ongoing</p>	<p>2.3a Completed client enrollment verification and troubleshooting forms/reports will be kept on file.</p> <p>2.3b DHS data system will be queried to generate number of clients who have been confirmed enrolled in monthly reports submitted to DHS.</p>

Contractor: Venice Family Clinic
Contract #: _____

**EXHIBIT A-2
SCOPE OF WORK**

Fiscal Year 2004 – 2005

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD (S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
3.1 By June 30, 2005, VFC will provide ongoing assistance to 648 clients experiencing problems with enrollment, utilizing benefits, or retention. "Ongoing assistance" is defined as in-depth troubleshooting or problem solving designed to help clients overcome barriers to health insurance enrollment, utilization, or retention. Does not include assistance with redetermination (measured in Objective 4.1). Assistance may be provided to 1) clients who originally applied with Contracting Agency or 2) clients who submitted applications with another agency or DPSS but have requested assistance from Contracting Agency.	3.1a Review and revise, as necessary, utilization protocol and submit to DHS for approval. 3.1b Conduct troubleshooting/problem solving for clients. This includes conducting the Health Consumer Education Series. Document results on appropriate forms. 3.1c Enter data from DHS approved forms into DHS database.	By 8/1/04 7/1/04 - ongoing 7/1/04 - ongoing	3.1a Letter(s) of DHS approval and materials will be kept on file. 3.1b Completed forms will be kept on file and documented in monthly reports to DHS. 3.1c DHS database will be queried to generate numbers of clients receiving ongoing assistance in monthly reports submitted to DHS.
4.1 By June 30, 2005, VFC will offer redetermination assistance at 11-12 months to 75% of clients whose applications were assisted or facilitated by VFC in Objective 2.1 and were confirmed enrolled. "Offer redetermination assistance" is defined as attempting to contact 100% of clients and making successful contact with 75% of clients either in-person or by telephone to determine whether redetermination assistance is desired.	4.1a Review and revise, as necessary, redetermination protocol and submit to DHS for approval. 4.1b Conduct redetermination assistance and document results on redetermination form using the appropriate codes. 4.1c Enter data from DHS approved redetermination form into DHS database.	By 8/1/04 7/1/04-ongoing 7/1/04-ongoing	4.1a Letter(s) of DHS approval and materials will be kept on file. 4.1b Completed forms will be kept on file and documented in monthly reports to DHS via database. 4.1c DHS data system will be queried to generate number of clients offered redetermination assistance at 11-12 months in monthly reports submitted to DHS.

**EXHIBIT A-2
SCOPE OF WORK**

Fiscal Year 2004 – 2005

Goal:\To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD (S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
4.2 By June 30, 2005, VFC will provide re-determination assistance to 60 clients who submitted their original application elsewhere, but have requested redetermination assistance from VFC.	4.2a Conduct redetermination assistance and document on DHS approved redetermination form using the appropriate codes. 4.2b Enter data from DHS approved redetermination form into DHS data system.	7/1/04-ongoing 7/1/04-ongoing	4.2a Completed forms will be kept on file. 4.2b DHS data system will be queried to generate number of "non-agency" clients receiving redetermination assistance in monthly reports submitted to DHS.
"Provide redetermination assistance" is defined as helping clients to complete health insurance re-certification paperwork.			
5.1 By June 30, 2005, VFC will have a minimum of 70% retention rate at 14 months for a sample of clients who submitted applications and were confirmed enrolled (Objective 2.1)	5.1a Review and revise, as necessary, retention protocol. Submit to DHS for approval. 5.1b Conduct retention contacts/verification and document results. 5.1c Enter data from retention contacts/verification into DHS data system.	By 8/1/04 7/1/04-ongoing 7/1/04-ongoing	5.1a Letter(s) of DHS approval and materials will be kept on file. 5.1b Completed forms will be kept on file and documented in monthly reports submitted to DHS via database. 5.1c DHS data system will be queried to generate 14-month retention rate for a sample of clients in monthly reports submitted to DHS.
"Retention rate is defined as the number of clients who are still enrolled 14 months after submission of application. "Sample" is defined as a subset of clients who applied over a one-month period (month to be determined by DHS) who are contacted by Contracting Agency 14 months later to determine enrollment status.			

Contractor: Venice Family Clinic
Contract #: _____

**EXHIBIT A-2
SCOPE OF WORK**

Fiscal Year 2004 – 2005

Goal:\To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD (S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
6.1 By June 30, 2005, VFC will enter data on program participants into DHS' web-based data system to monitor, facilitate, and evaluate health insurance enrollment and retention. "Enter" is defined as either 1) directly entering required data elements into the DHS web-based data system available to all contractors or 2) uploading required data elements into the DHS data system from an agency-created database using a data conversion program approved by DHS.	6.1a VFC will continue to maintain necessary computer hardware or software in order to access the Internet. 6.1b Continue to train appropriate personnel on data entry. 6.1c Enter data into DHS' web-based data system. 6.d Run monthly report and send signed copy to DHS.	7/1/04-ongoing 7/1/04 - ongoing 7/1/04 - ongoing	6.1a Agency will demonstrate the ability to access the Internet. 6.1b Documentation of training from project coordinator and issuance of username and password for data input. 6.1c DHS database. 6.1d Maintain copies of signed monthly reports on file.
7.1 By June 30, 2005, VFC will ensure that 100% of enrollment staff, including staff at subcontracting agencies, is fully trained to provide outreach, enrollment, utilization and retention services and all new staff are fully trained within 30 days of their start date. "Fully trained" is defined as participation in the DHS approved Comprehensive Training "Core", CAA and Healthy Kids Training.	7.1 Attend DHS approved comprehensive training.	7/1/04 - ongoing	7.1a Maintain certificates of attendance in employee files.
8.1 By June 30, 2005, VFC agency will participate in a minimum of 10 of the monthly contractor meetings. "Participate" is defined as attendance by at least one representative from the contracting agency.	8.1a Attend contractors monthly meeting.	7/1/04-ongoing	8.1a Document name of individual attending monthly meeting in monthly reports to DHS.

**EXHIBIT A-2
SCOPE OF WORK**

Fiscal Year 2004 – 2005

Contractor: Venice Family Clinic
Contract #: _____

Goal:\To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD (S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
9.1 By June 30, 2005 VFC will participate in 100% of the Outreach, enrolment utilization, and retention required evaluation activities.	9.1a VFC shall work with DHS for compilation of data, review of outreach efforts, and tracking subcontractors' activities and projects.	7/1/04-ongoing	9.1a Maintain all materials/tools, records of workload reports, enrollment figures and data on file.
10.1 By June 30, 2005, VFC will conduct 100% of Quality Improvement Plan (QIP) Activities.	10.1a Review and revise, as necessary, a QIP describing a process for ensuring continual progress toward measurable objectives, client satisfaction, and success of outreach, enrollment, utilization, and retention services. 10.1b Conduct QIP activities.	By 8/1/04 7/1/04 ongoing	10.1a Submit QIP to DHS for approval. Letter of QIP approval will be maintained on file. Material to be available for random sampling and auditing by DHS. 10.1b Document QIP appropriate activities in monthly reports to DHS.

**EXHIBIT A-3
SCOPE OF WORK**

Fiscal Year 2005 – 2006

Goal:\To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD (S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
1.1 By June 30, 2006, Venice Family Clinic (VFC) will have successfully engaged a minimum of 3000 of the target population in Service Planning Area (SPA) 5 through an outreach contact.	1.1a Review and revise, as necessary, outreach protocol including: outreach contact forms/event summary sheets, sign-in sheets, and educational materials. Outreach and educational materials shall be culturally and linguistically appropriate and include information regarding Healthy Kids, Medi-Cal, Healthy Families, public benefits programs and other no or low-cost health programs. Submit to Department of Health Services (DHS) for approval.	By 8/1/05	1.1a DHS letters of approval on file and materials will be kept on file.
"Successfully engaged" is defined as having documented agency outreach contacts (see Implementation Activities 1.1d and Methods of Evaluating Objectives 1.1c)	1.1b Schedule outreach and maintain a list or calendar of sites, dates, and times.	7/1/05-ongoing	1.1b Documents will be kept on file and summary of events will be submitted with monthly reports to DHS.
An "outreach contact" is defined as speaking directly either in person or by telephone with a client or potential client for at least five minutes to publicize available health care options and services. Outreach Contacts may include education, promotion, presentations, and informational activities and may be to individuals or groups of people.	1.1c Conduct events (presentation, fairs, etc.) and complete event summaries. Event summaries to include site, date, outreach workers(s), flyers, number of individuals contacted, sign-in sheets, if appropriate, and materials presented.	7/1/05-ongoing	1.1c Documents will be kept on file and number of participants will be reported to DHS in monthly reports.
	1.1d Conduct outreach and maintain contact documentation including but not limited to: sites, dates, name of outreach worker, number of individuals contacted, family name/identifier.	7/1/05-ongoing	1.1d Completed documentation will be kept on file.
	1.1e Enter documentation of outreach numbers into DHS database.	7/1/05-ongoing	1.1e Data system will be queried to generate outreach numbers.

**EXHIBIT A-3
SCOPE OF WORK**

Fiscal Year 2005 – 2006

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD (S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>2.1 By June 30, 2006, VFC will have completed applications for a minimum of 650 clients in SPA 5 for Healthy Kids, Medi-Cal, Healthy Families, Kaiser Cares for Kids 1 or 2, Access for Infants and Mothers, or California Kids. VFC will also provide clients with referrals to appropriate health programs or health agencies.</p> <p>"Completed applications" is defined as assisting clients to fill out health insurance applications line-by-line, through in-person or telephone assistance. It may also be defined as providing in-depth assistance (troubleshooting) toward facilitating enrollments for clients whose applications were completed by another agency or DPSS.</p> <p>"Referrals" are defined as referring clients in person or by telephone for services to other health programs (i.e. CHDP, CCS, PPP/DHS, early detection programs, legal services for health issues, etc.) Referral must include explanation of programs and eligibility screening of the client if the program has eligibility requirements. Does not include referrals for shelter, child-care, or other non-direct health needs.</p>	2.1a Review and revise, as necessary, enrollment protocol. Submit to DHS for approval.	By 8/1/05	2.1a DHS letters of approval and materials on file.
	2.1b Conduct enrollment activities utilizing DHS approved client intake and enrollment verification forms.	7/1/05-ongoing	2.1b Completed materials (i.e. client intake and enrollment verification forms) will be kept on file and number of participants documented in monthly reports to DHS.
	2.1c Enter data from DHS approved forms into DHS data system utilizing appropriate codes.	7/1/05-ongoing	2.1c For monthly reports, DHS data system will be queried to generate number of applications submitted.
	2.1d Review and revise, as necessary, referral protocol and submit to DHS for approval.	By 8/1/05	2.1d DHS letters of approval on file.
	2.1e Screen and refer clients for appropriate services. Document referral information with appropriate codes on client intake form.	7/1/05-ongoing	2.1e Maintain client intake forms with services/program referral information

Contractor: Venice Family Clinic
Contract #: _____

**EXHIBIT A-3
SCOPE OF WORK**

Fiscal Year 2005 – 2006

Goal:\To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD (S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
2.2 By June 30, 2006, VFC will have investigated enrollment status within three months of application completion date on a minimum of 100% of clients for whom VFC assisted with or facilitated applications as measured in Objective 2.1	2.2a Review and revise, as necessary, enrollment verification protocol. Submit to DHS for approval. 2.2b Conduct enrollment verification using DHS approved enrollment verification forms.	By 8/1/05 7/1/05 – ongoing	2.2a Letter(s) of DHS approval and materials will be kept on file. 2.2b Completed client enrollment verification and troubleshooting forms/reports will be kept on file.
This objective documents agency effort to ascertain enrollment status. "Investigated enrollment status" is defined as 1) attempted contact with clients within three months of application completion date to find out whether or not client has received insurance card or 2) checking status with appropriate insurer through telephone or computer (i.e. MEDS).	2.2c Enter data from DHS approved forms into DHS data system.	7/1/05-ongoing	2.2c DHS data system will be queried to generate number of clients for whom enrollment status has been investigated in monthly reports submitted to DHS.
2.3 By June 30, 2006, VFC will have confirmed enrollment on 75% of client applications assisted with or facilitated by VFC as measured in Objective 2.1 The objective documents enrollment outcome . "Confirmed enrollment" is defined as 1) client has stated that they received notification from insurer or 2) appropriate insurer or computer system has verified that client has been successfully enrolled.	2.3a Document dates of enrollment follow-up and enrollment status on enrollment verification and troubleshooting form. 2.3b Enter data from DHS approved forms into DHS database.	7/1/05 – ongoing 7/1/05 - ongoing	2.3a Completed client enrollment verification and troubleshooting forms/reports will be kept on file. 2.3b DHS data system will be queried to generate number of clients who have been confirmed enrolled in monthly reports submitted to DHS.

**EXHIBIT A-3
SCOPE OF WORK**

Fiscal Year 2005 – 2006

Goal:\To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
3.1 By June 30, 2006, VFC will provide ongoing assistance to 648 clients experiencing problems with enrollment, utilizing benefits, or retention. "Ongoing assistance" is defined as in-depth troubleshooting or problem solving designed to help clients overcome barriers to health insurance enrollment, utilization, or retention. Does not include assistance with redetermination (measured in Objective 4.1). Assistance may be provided to 1) clients who originally applied with Contracting Agency or 2) clients who submitted applications with another agency or DPSS but have requested assistance from Contracting Agency.	3.1a Review and revise, as necessary, utilization protocol and submit to DHS for approval. 3.1b Conduct troubleshooting/problem solving for clients. This includes conducting the Health Consumer Education Series. Document results on appropriate forms. 3.1c Enter data from DHS approved forms into DHS database.	By 8/1/05 7/1/05 - ongoing 7/1/05 - ongoing	3.1a Letter(s) of DHS approval and materials will be kept on file. 3.1b Completed forms will be kept on file and documented in monthly reports to DHS. 3.1c DHS database will be queried to generate numbers of clients receiving ongoing assistance in monthly reports submitted to DHS.
4.1 By June 30, 2006, VFC will offer redetermination assistance at 11-12 months to 75% of clients whose applications were assisted or facilitated by VFC in Objective 2.1 and were confirmed enrolled. "Offer redetermination assistance" is defined as attempting to contact 100% of clients and making successful contact with 75% of clients either in-person or by telephone to determine whether redetermination assistance is desired.	4.1a Review and revise, as necessary, redetermination protocol and submit to DHS for approval. 4.1b Conduct redetermination assistance and document results on redetermination form using the appropriate codes. 4.1c. Enter data from DHS approved redetermination form into DHS database.	By 8/1/05 7/1/05-ongoing 7/1/05-ongoing	4.1a Letter(s) of DHS approval and materials will be kept on file. 4.1b. Completed forms will be kept on file and documented in monthly reports to DHS via database. 4.1c. DHS data system will be queried to generate number of clients offered redetermination assistance at 11-12 months in monthly reports submitted to DHS.

Contractor: Venice Family Clinic
Contract #: _____

**EXHIBIT A-3
SCOPE OF WORK**

Fiscal Year 2005 – 2006

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD (S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
4.2 By June 30, 2006, VFC will provide re-determination assistance to 60 clients who submitted their original application elsewhere, but have requested re-determination assistance from VFC.	4.2a Conduct re-determination assistance and document on DHS approved re-determination form using the appropriate codes. 4.2b Enter data from DHS approved re-determination form into DHS data system.	7/1/05-ongoing 7/1/05-ongoing	4.2a Completed forms will be kept on file. 4.2b DHS data system will be queried to generate number of "non-agency" clients receiving re-determination assistance in monthly reports submitted to DHS.
"Provide re-determination assistance" is defined as helping clients to complete health insurance re-certification paperwork.			
5.1 By June 30, 2006, VFC will have a minimum of 70% retention rate at 14 months for a sample of clients who submitted applications and were confirmed enrolled (Objective 2.1)	5.1a Review and revise, as necessary, retention protocol. Submit to DHS for approval. 5.1b Conduct retention contacts/verification and document results.	By 8/1/05 7/1/05-ongoing	5.1a Letter(s) of DHS approval and materials will be kept on file. 5.1b Completed forms will be kept on file and documented in monthly reports submitted to DHS via database.
"Retention rate is defined as the number of clients who are still enrolled 14 months after submission of application. "Sample" is defined as a subset of clients who applied over a one-month period (month to be determined by DHS) who are contacted by Contracting Agency 14 months later to determine enrollment status.	5.1c Enter data from retention contacts/verification into DHS data system.	7/1/05-ongoing	5.1c DHS data system will be queried to generate 14-month retention rate for a sample of clients in monthly reports submitted to DHS.

**EXHIBIT A-3
SCOPE OF WORK**

Fiscal Year 2005 – 2006

Contractor: Venice Family Clinic
Contract #: _____

Goal:\To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD (S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
6.1 By June 30, 2006, VFC will enter data on program participants into DHS' web-based data system to monitor, facilitate, and evaluate health insurance enrollment and retention. "Enter" is defined as either 1) directly entering required data elements into the DHS web-based data system available to all contractors or 2) uploading required data elements into the DHS data system from an agency-created database using a data conversion program approved by DHS.	6.1a VFC will continue to maintain necessary computer hardware or software in order to access the Internet. 6.1b Continue to train appropriate personnel on data entry. 6.1c Enter data into DHS' web-based data system. 6.d Run monthly report and send signed copy to DHS.	7/1/05-ongoing 7/1/05 - ongoing 7-1-05 - ongoing 7/1/05 - ongoing	6.1a Agency will demonstrate the ability to access the Internet. 6.1b Documentation of training from project coordinator and issuance of username and password for data input. 6.1c DHS database. 6.1d Maintain copies of signed monthly reports on file.
7.1 By June 30, 2006, VFC will ensure that 100% of enrollment staff, including staff at subcontracting agencies, is fully trained to provide outreach, enrollment, utilization and retention services and all new staff are fully trained within 30 days of their start date. "Fully trained" is defined as participation in the DHS approved Comprehensive Training "Core", CAA and Healthy Kids Training.	7.1 Attend DHS approved comprehensive training.	7/1/05 - ongoing	7.1a Maintain certificates of attendance in employee files.
8.1 By June 30, 2006, VFC agency will participate in a minimum of 10 of the monthly contractor meetings. "Participate" is defined as attendance by at least one representative from the contracting agency.	8.1a Attend contractors monthly meeting.	7/1/05-ongoing	8.1a Document name of individual attending monthly meeting in monthly reports to DHS.

**EXHIBIT A-3
SCOPE OF WORK**

Fiscal Year 2005 – 2006

Goal:\To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD (S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
9.1 By June 30, 2006, VFC will participate in 100% of the Outreach, enrolment utilization, and retention required evaluation activities.	9.1a VFC shall work with DHS for compilation of data, review of outreach efforts, and tracking subcontractors' activities and projects.	7/1/05-ongoing	9.1a Maintain all materials/tools, records of workload reports, enrollment figures and data on file.
10.1 By June 30, 2006, VFC will conduct 100% of Quality Improvement Plan (QIP) Activities.	10.1a Review and revise, as necessary, a QIP describing a process for ensuring continual progress toward measurable objectives, client satisfaction, and success of outreach, enrollment, utilization, and retention services. 10.1b Conduct QIP activities.	By 8/1/05 7/1/05 ongoing	10.1a Submit QIP to DHS for approval. Letter of QIP approval will be maintained on file. Material to be available for random sampling and auditing by DHS. 10.1b Document QIP appropriate activities in monthly reports to DHS.

Contractor: Venice Family Clinic
Contract #: _____

**EXHIBIT A-4
SCOPE OF WORK**

Fiscal Year 2006 – 2007

Contractor: Venice Family Clinic
Contract #: _____

Goal:\To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD (S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>1.1 By June 30, 2007, Venice Family Clinic (VFC) will have successfully engaged a minimum of 3000 of the target population in Service Planning Area (SPA) 5 through an outreach contact.</p> <p>"Successfully engaged" is defined as having documented agency outreach contacts (see Implementation Activities 1.1d and Methods of Evaluating Objectives 1.1c)</p> <p>An "outreach contact" is defined as speaking directly either in person or by telephone with a client or potential client for at least five minutes to publicize available health care options and services. Outreach Contacts may include education, promotion, presentations, and informational activities and may be to individuals or groups of people.</p>	<p>1.1a Review and revise, as necessary, outreach protocol including: outreach contact forms/event summary sheets, sign-in sheets, and educational materials. Outreach and educational materials shall be culturally and linguistically appropriate and include information regarding Healthy Kids, Medi-Cal, Healthy Families, public benefits programs and other no or low-cost health programs. Submit to Department of Health Services (DHS) for approval.</p> <p>1.1b Schedule outreach and maintain a list or calendar of sites, dates, and times.</p> <p>1.1c Conduct events (presentation, fairs, etc.) and complete event summaries. Event summaries to include site, date, outreach workers(s), flyers, number of individuals contacted, sign-in sheets, if appropriate, and materials presented.</p> <p>1.1d Conduct outreach and maintain contact documentation including but not limited to: sites, dates, name of outreach worker, number of individuals contacted, family name/identifier.</p> <p>1.1e Enter documentation of outreach numbers into DHS database.</p>	<p>By 8/1/06</p> <p>7/1/06-ongoing</p> <p>7/1/06-ongoing</p> <p>7/1/06-ongoing</p>	<p>1.1a DHS letters of approval on file and materials will be kept on file.</p> <p>1.1b Documents will be kept on file and summary of events will be submitted with monthly reports to DHS.</p> <p>1.1c Documents will be kept on file and number of participants will be reported to DHS in monthly reports.</p> <p>1.1d Completed documentation will be kept on file.</p> <p>1.1e Data system will be queried to generate outreach numbers.</p>

**EXHIBIT A-4
SCOPE OF WORK**

Fiscal Year 2006 – 2007

Goal:\To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD (S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
2.1 By June 30, 2007, VFC will have completed applications for a minimum of 650 clients in SPA 5 for Healthy Kids, Medi-Cal, Healthy Families, Kaiser Cares for Kids 1 or 2, Access for Infants and Mothers, or California Kids. VFC will also provide clients with referrals to appropriate health programs or health agencies.	2.1a Review and revise, as necessary, enrollment protocol. Submit to DHS for approval. 2.1b Conduct enrollment activities utilizing DHS approved client intake and enrollment verification forms.	By 8/1/06 7/1/06-ongoing	2.1a DHS letters of approval and materials on file. 2.1b Completed materials (i.e. client intake and enrollment verification forms) will be kept on file and number of participants documented in monthly reports to DHS.
"Completed applications" is defined as assisting clients to fill out health insurance applications line-by-line, through in-person or telephone assistance. It may also be defined as providing in-depth assistance (troubleshooting) toward facilitating enrollments for clients whose applications were completed by another agency or DPSS.	2.1c Enter data from DHS approved forms into DHS data system utilizing appropriate codes. 2.1d Review and revise, as necessary, referral protocol and submit to DHS for approval.	7/1/06-ongoing By 8/1/06	2.1c For monthly reports, DHS data system will be queried to generate number of applications submitted. 2.1d DHS letters of approval on file.
"Referrals" are defined as referring clients in person or by telephone for services to other health programs (i.e. CHDP, CCS, PPP/DHS, early detection programs, legal services for health issues, etc.) Referral must include explanation of programs and eligibility screening of the client if the program has eligibility requirements. Does not include referrals for shelter, child-care, or other non-direct health needs.	2.1e Screen and refer clients for appropriate services. Document referral information with appropriate codes on client intake form.	7/1/06-ongoing	2.1e. Maintain client intake forms with services/program referral information

**EXHIBIT A-4
SCOPE OF WORK**

Fiscal Year 2006 – 2007

Goal:\To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD (S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
2.2 By June 30, 2007, VFC will have investigated enrollment status within three months of application completion date on a minimum of 100% of clients for whom VFC assisted with or facilitated applications as measured in Objective 2.1	2.2a Review and revise, as necessary, enrollment verification protocol. Submit to DHS for approval. 2.2b Conduct enrollment verification using DHS approved enrollment verification forms.	By 8/1/06 7/1/06 – ongoing 7/1/06-ongoing	2.2a Letter(s) of DHS approval and materials will be kept on file. 2.2b Completed client enrollment verification and troubleshooting forms/reports will be kept on file.
This objective documents agency effort to ascertain enrollment status. "Investigated enrollment status" is defined as 1) attempted contact with clients within three months of application completion date to find out whether or not client has received insurance card or 2) checking status with appropriate insurer through telephone or computer (i.e. MEDS).	2.2c Enter data from DHS approved forms into DHS data system.		2.2c DHS data system will be queried to generate number of clients for whom enrollment status has been investigated in monthly reports submitted to DHS.
2.3 By June 30, 2007, VFC will have confirmed enrollment on 75% of client applications assisted with or facilitated by VFC as measured in Objective 2.1	2.3a Document dates of enrollment follow-up and enrollment status on enrollment verification and troubleshooting form. 2.3b Enter data from DHS approved forms into DHS database.	7/1/06 – ongoing 7/1/06 - ongoing	2.3a Completed client enrollment verification and troubleshooting forms/reports will be kept on file. 2.3b DHS data system will be queried to generate number of clients who have been confirmed enrolled in monthly reports submitted to DHS.
The objective documents enrollment outcome . "Confirmed enrollment" is defined as 1) client has stated that they received notification from insurer or 2) appropriate insurer or computer system has verified that client has been successfully enrolled.			

Contractor: Venice Family Clinic
Contract #: _____

**EXHIBIT A-4
SCOPE OF WORK**

Fiscal Year 2006 – 2007

Goal:\To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD (S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
3.1 By June 30, 2007, VFC will provide ongoing assistance to 648 clients experiencing problems with enrollment, utilizing benefits, or retention. "Ongoing assistance" is defined as in-depth troubleshooting or problem solving designed to help clients overcome barriers to health insurance enrollment, utilization, or retention. Does not include assistance with redetermination (measured in Objective 4.1). Assistance may be provided to 1) clients who originally applied with Contracting Agency or 2) clients who submitted applications with another agency or DPSS but have requested assistance from Contracting Agency.	3.1a Review and revise, as necessary, utilization protocol and submit to DHS for approval. 3.1b Conduct troubleshooting/problem solving for clients. This includes conducting the Health Consumer Education Series. Document results on appropriate forms. 3.1c Enter data from DHS approved forms into DHS database.	By 8/1/06 7/1/06 - ongoing 7/1/06 - ongoing	3.1a Letter(s) of DHS approval and materials will be kept on file. 3.1b Completed forms will be kept on file and documented in monthly reports to DHS. 3.1c DHS database will be queried to generate numbers of clients receiving ongoing assistance in monthly reports submitted to DHS.
4.1 By June 30, 2007, VFC will offer redetermination assistance at 11-12 months to 75% of clients whose applications were assisted or facilitated by VFC in Objective 2.1 and were confirmed enrolled. "Offer redetermination assistance" is defined as attempting to contact 100% of clients and making successful contact with 75% of clients either in-person or by telephone to determine whether redetermination assistance is desired.	4.1a Review and revise, as necessary, redetermination protocol and submit to DHS for approval. 4.1b Conduct redetermination assistance and document results on redetermination form using the appropriate codes. 4.1c. Enter data from DHS approved redetermination form into DHS database.	By 8/1/06 7/1/06-ongoing 7/1/06-ongoing	4.1a Letter(s) of DHS approval and materials will be kept on file. 4.1b. Completed forms will be kept on file and documented in monthly reports to DHS via database. 4.1c. DHS data system will be queried to generate number of clients offered redetermination assistance at 11-12 months in monthly reports submitted to DHS.

Contractor: Venice Family Clinic
Contract #: _____

EXHIBIT A-4 SCOPE OF WORK

Fiscal Year 2006 – 2007

Goal: \To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD (S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
4.2 By June 30, 2007, VFC will provide re-determination assistance to 60 clients who submitted their original application elsewhere, but have requested redetermination assistance from VFC. "Provide redetermination assistance" is defined as helping clients to complete health insurance re-certification paperwork.	4.2a Conduct redetermination assistance and document on DHS approved redetermination form using the appropriate codes. 4.2b Enter data from DHS approved redetermination form into DHS data system.	7/1/06-ongoing 7/1/06-ongoing	4.2a Completed forms will be kept on file. 4.2b DHS data system will be queried to generate number of "non-agency" clients receiving redetermination assistance in monthly reports submitted to DHS.
5.1 By June 30, 2007, VFC will have a minimum of 70% retention rate at 14 months for a sample of clients who submitted applications and were confirmed enrolled (Objective 2.1) "Retention rate is defined as the number of clients who are still enrolled 14 months after submission of application. "Sample" is defined as a subset of clients who applied over a one-month period (month to be determined by DHS) who are contacted by Contracting Agency 14 months later to determine enrollment status.	5.1a Review and revise, as necessary, retention protocol. Submit to DHS for approval. 5.1b Conduct retention contacts/verification and document results. 5.1c Enter data from retention contacts/verification into DHS data system.	By 8/1/06 7/1/06-ongoing 7/1/06-ongoing	5.1a Letter(s) of DHS approval and materials will be kept on file. 5.1b Completed forms will be kept on file and documented in monthly reports submitted to DHS via database. 5.1c DHS data system will be queried to generate 14-month retention rate for a sample of clients in monthly reports submitted to DHS.

**EXHIBIT A-4
SCOPE OF WORK**

Fiscal Year 2006 – 2007

Goal:\To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD (S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
6.1 By June 30, 2007, VFC will enter data on program participants into DHS' web-based data system to monitor, facilitate, and evaluate health insurance enrollment and retention. "Enter" is defined as either 1) directly entering required data elements into the DHS web-based data system available to all contractors or 2) uploading required data elements into the DHS data system from an agency-created database using a data conversion program approved by DHS.	6.1a VFC will continue to maintain necessary computer hardware or software in order to access the Internet. 6.1b Continue to train appropriate personnel on data entry. 6.1c Enter data into DHS' web-based data system. 6.d Run monthly report and send signed copy to DHS.	7/1/06-ongoing 7/1/06 - ongoing 7-1-06 - ongoing 7/1/06 - ongoing	6.1a Agency will demonstrate the ability to access the Internet. 6.1b Documentation of training from project coordinator and issuance of username and password for data input. 6.1c DHS database. 6.1d Maintain copies of signed monthly reports on file.
7.1 By June 30, 2007, VFC will ensure that 100% of enrollment staff, including staff at subcontracting agencies, is fully trained to provide outreach, enrollment, utilization and retention services and all new staff are fully trained within 30 days of their start date. "Fully trained" is defined as participation in the DHS approved Comprehensive Training "Core", CAA and Healthy Kids Training.	7.1 Attend DHS approved comprehensive training.	7/1/06 - ongoing	7.1a Maintain certificates of attendance in employee files.
8.1 By June 30, 2007, VFC agency will participate in a minimum of 10 of the monthly contractor meetings. "Participate" is defined as attendance by at least one representative from the contracting agency.	8.1a Attend contractors monthly meeting.	7/1/06-ongoing	8.1a Document name of individual attending monthly meeting in monthly reports to DHS.

**EXHIBIT A-4
SCOPE OF WORK**

Fiscal Year 2006 – 2007

Goal:\To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD (S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
9.1 By June 30, 2007, VFC will participate in 100% of the Outreach, enrollment utilization, and retention required evaluation activities.	9.1a VFC shall work with DHS for compilation of data, review of outreach efforts, and tracking subcontractors' activities and projects.	7/1/06-ongoing	9.1a Maintain all materials/tools, records of workload reports, enrollment figures and data on file.
10.1 By June 30, 2007, VFC will conduct 100% of Quality Improvement Plan (QIP) Activities.	10.1a Review and revise, as necessary, a QIP describing a process for ensuring continual progress toward measurable objectives, client satisfaction, and success of outreach, enrollment, utilization, and retention services. 10.1b Conduct QIP activities.	By 8/1/06 7/1/06 ongoing	10.1a Submit QIP to DHS for approval. Letter of QIP approval will be maintained on file. Material to be available for random sampling and auditing by DHS. 10.1b Document QIP appropriate activities in monthly reports to DHS.

Contractor: Venice Family Clinic
Contract #: _____

EXHIBIT A-5

SCOPE OF WORK

Fiscal Year 2007 – 2008

Goal:\To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD (S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
1.1 By June 30, 2008, Venice Family Clinic (VFC) will have successfully engaged a minimum of 3000 of the target population in Service Planning Area (SPA) 5 through an outreach contact.	1.1a Review and revise, as necessary, outreach protocol including: outreach contact forms/event summary sheets, sign-in sheets, and educational materials. Outreach and educational materials shall be culturally and linguistically appropriate and include information regarding Healthy Kids, Medi-Cal, Healthy Families, public benefits programs and other no or low-cost health programs. Submit to Department of Health Services (DHS) for approval.	By 8/1/07	1.1a DHS letters of approval on file and materials will be kept on file.
"Successfully engaged" is defined as having documented agency outreach contacts (see Implementation Activities 1.1d and Methods of Evaluating Objectives 1.1c)	1.1b Schedule outreach and maintain a list or calendar of sites, dates, and times.	7/1/07-ongoing	1.1b Documents will be kept on file and summary of events will be submitted with monthly reports to DHS.
An "outreach contact" is defined as speaking directly either in person or by telephone with a client or potential client for at least five minutes to publicize available health care options and services. Outreach Contacts may include education, promotion, presentations, and informational activities and may be to individuals or groups of people.	1.1c Conduct events (presentation, fairs, etc.) and complete event summaries. Event summaries to include site, date, outreach workers(s), flyers, number of individuals contacted, sign-in sheets, if appropriate, and materials presented.	7/1/07-ongoing	1.1c Documents will be kept on file and number of participants will be reported to DHS in monthly reports.
	1.1d Conduct outreach and maintain contact documentation including but not limited to: sites, dates, name of outreach worker, number of individuals contacted, family name/identifier.	7/1/07-ongoing	1.1d Completed documentation will be kept on file.
	1.1e Enter documentation of outreach numbers into DHS database.	7/1/07-ongoing	1.1e Data system will be queried to generate outreach numbers.

Contractor: Venice Family Clinic
Contract #: _____

EXHIBIT A-5

SCOPE OF WORK

Fiscal Year 2007 – 2008

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>2.1 By June 30, 2008, VFC will have completed applications for a minimum of 650 clients in SPA 5 for Healthy Kids, Medi-Cal, Healthy Families, Kaiser Cares for Kids 1 or 2, Access for Infants and Mothers, or California Kids. VFC will also provide clients with referrals to appropriate health programs or health agencies.</p> <p>"Completed applications" is defined as assisting clients to fill out health insurance applications line-by-line, through in-person or telephone assistance. It may also be defined as providing in-depth assistance (troubleshooting) toward facilitating enrollments for clients whose applications were completed by another agency or DPSS.</p> <p>"Referrals" are defined as referring clients in person or by telephone for services to other health programs (i.e. CHDP, CCS, PPP/DHS, early detection programs, legal services for health issues, etc.) Referral must include explanation of programs and eligibility screening of the client if the program has eligibility requirements. Does not include referrals for shelter, child-care, or other non-direct health needs.</p>	<p>2.1a Review and revise, as necessary, enrollment protocol. Submit to DHS for approval.</p>	<p>By 8/1/07</p>	<p>2.1a DHS letters of approval and materials on file.</p>
	<p>2.1b Conduct enrollment activities utilizing DHS approved client intake and enrollment verification forms.</p>	<p>7/1/07-ongoing</p>	<p>2.1b Completed materials (i.e. client intake and enrollment verification forms) will be kept on file and number of participants documented in monthly reports to DHS.</p>
	<p>2.1c Enter data from DHS approved forms into DHS data system utilizing appropriate codes.</p>	<p>7/1/07-ongoing</p>	<p>2.1c For monthly reports, DHS data system will be queried to generate number of applications submitted.</p>
	<p>2.1d Review and revise, as necessary, referral protocol and submit to DHS for approval.</p>	<p>By 8/1/07</p>	<p>2.1d DHS letters of approval on file.</p>
	<p>2.1e Screen and refer clients for appropriate services. Document referral information with appropriate codes on client intake form.</p>	<p>7/1/07-ongoing</p>	<p>2.1e. Maintain client intake forms with services/program referral information</p>

EXHIBIT A-5

SCOPE OF WORK

Fiscal Year 2007 – 2008

Goal:\To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD (S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
2.2 By June 30, 2008, VFC will have investigated enrollment status within three months of application completion date on a minimum of 100% of clients for whom VFC assisted with or facilitated applications as measured in Objective 2.1 This objective documents agency effort to ascertain enrollment status. "Investigated enrollment status" is defined as 1) attempted contact with clients within three months of application completion date to find out whether or not client has received insurance card or 2) checking status with appropriate insurer through telephone or computer (i.e. MEDS).	2.2a Review and revise, as necessary, enrollment verification protocol. Submit to DHS for approval. 2.2b Conduct enrollment verification using DHS approved enrollment verification forms. 2.2c Enter data from DHS approved forms into DHS data system.	By 8/1/07 7/1/07 – ongoing 7/1/07-ongoing	2.2a Letter(s) of DHS approval and materials will be kept on file. 2.2b Completed client enrollment verification and troubleshooting forms/reports will be kept on file. 2.2c DHS data system will be queried to generate number of clients for whom enrollment status has been investigated in monthly reports submitted to DHS.
2.3 By June 30, 2008, VFC will have confirmed enrollment on 75% of client applications assisted with or facilitated by VFC as measured in Objective 2.1 The objective documents enrollment outcome. "Confirmed enrollment" is defined as 1) client has stated that they received notification from insurer or 2) appropriate insurer or computer system has verified that client has been successfully enrolled.	2.3a Document dates of enrollment follow-up and enrollment status on enrollment verification and troubleshooting form. 2.3b Enter data from DHS approved forms into DHS database.	7/1/07 – ongoing 7/1/07 - ongoing	2.3a Completed client enrollment verification and troubleshooting forms/reports will be kept on file. 2.3b DHS data system will be queried to generate number of clients who have been confirmed enrolled in monthly reports submitted to DHS.

Contractor: Venice Family Clinic
Contract #: _____

EXHIBIT A-5

SCOPE OF WORK

Fiscal Year 2007 – 2008

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
3.1 By June 30, 2008, VFC will provide ongoing assistance to 648 clients experiencing problems with enrollment, utilizing benefits, or retention. "Ongoing assistance" is defined as in-depth troubleshooting or problem solving designed to help clients overcome barriers to health insurance enrollment, utilization, or retention. Does not include assistance with redetermination (measured in Objective 4.1). Assistance may be provided to 1) clients who originally applied with Contracting Agency or 2) clients who submitted applications with another agency or DPSS but have requested assistance from Contracting Agency.	3.1a Review and revise, as necessary, utilization protocol and submit to DHS for approval. 3.1b Conduct troubleshooting/problem solving for clients. This includes conducting the Health Consumer Education Series. Document results on appropriate forms. 3.1c Enter data from DHS approved forms into DHS database.	By 8/1/07 7/1/07 - ongoing 7/1/07 - ongoing	3.1a Letter(s) of DHS approval and materials will be kept on file. 3.1b Completed forms will be kept on file and documented in monthly reports to DHS. 3.1c DHS database will be queried to generate numbers of clients receiving ongoing assistance in monthly reports submitted to DHS.
4.1 By June 30, 2008, VFC will offer redetermination assistance at 11-12 months to 75% of clients whose applications were assisted or facilitated by VFC in Objective 2.1 and were confirmed enrolled. "Offer redetermination assistance" is defined as attempting to contact 100% of clients and making successful contact with 75% of clients either in-person or by telephone to determine whether redetermination assistance is desired.	4.1a Review and revise, as necessary, redetermination protocol and submit to DHS for approval. 4.1b Conduct redetermination assistance and document results on redetermination form using the appropriate codes. 4.1c. Enter data from DHS approved redetermination form into DHS database.	By 8/1/07 7/1/07-ongoing 7/1/07-ongoing	4.1a Letter(s) of DHS approval and materials will be kept on file. 4.1b. Completed forms will be kept on file and documented in monthly reports to DHS via database. 4.1c. DHS data system will be queried to generate number of clients offered redetermination assistance at 11-12 months in monthly reports submitted to DHS.

EXHIBIT A-5

SCOPE OF WORK

Fiscal Year 2007 – 2008

Goal:\To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD (S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
4.2 By June 30, 2008, VFC will provide re-determination assistance to 60 clients who submitted their original application elsewhere, but have requested redetermination assistance from VFC.	4.2a Conduct redetermination assistance and document on DHS approved redetermination form using the appropriate codes. 4.2b Enter data from DHS approved redetermination form into DHS data system.	7/1/07-ongoing 7/1/07-ongoing	4.2a Completed forms will be kept on file. 4.2b DHS data system will be queried to generate number of "non-agency" clients receiving redetermination assistance in monthly reports submitted to DHS.
"Provide redetermination assistance" is defined as helping clients to complete health insurance re-certification paperwork.			
5.1 By June 30, 2008, VFC will have a minimum of 70% retention rate at 14 months for a sample of clients who submitted applications and were confirmed enrolled (Objective 2.1)	5.1a Review and revise, as necessary, retention protocol. Submit to DHS for approval. 5.1b Conduct retention contacts/verification and document results.	By 8/1/07 7/1/07-ongoing	5.1a Letter(s) of DHS approval and materials will be kept on file. 5.1b Completed forms will be kept on file and documented in monthly reports submitted to DHS via database.
"Retention rate is defined as the number of clients who are still enrolled 14 months after submission of application. "Sample" is defined as a subset of clients who applied over a one-month period (month to be determined by DHS) who are contacted by Contracting Agency 14 months later to determine enrollment status.	5.1c Enter data from retention contacts/verification into DHS data system.	7/1/07-ongoing	5.1c DHS data system will be queried to generate 14-month retention rate for a sample of clients in monthly reports submitted to DHS.

EXHIBIT A-5

SCOPE OF WORK

Fiscal Year 2007 – 2008

Goal:\To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD (S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
6.1 By June 30, 2008, VFC will enter data on program participants into DHS' web-based data system to monitor, facilitate, and evaluate health insurance enrollment and retention. "Enter" is defined as either 1) directly entering required data elements into the DHS web-based data system available to all contractors or 2) uploading required data elements into the DHS data system from an agency-created database using a data conversion program approved by DHS.	6.1a VFC will continue to maintain necessary computer hardware or software in order to access the Internet. 6.1b Continue to train appropriate personnel on data entry. 6.1c Enter data into DHS' web-based data system. 6.d Run monthly report and send signed copy to DHS.	7/1/07 - ongoing 7/1/07 - ongoing 7-1-07 - ongoing 7/1/07 - ongoing	6.1a Agency will demonstrate the ability to access the Internet. 6.1b Documentation of training from project coordinator and issuance of username and password for data input. 6.1c DHS database. 6.1d Maintain copies of signed monthly reports on file.
7.1 By June 30, 2008, VFC will ensure that 100% of enrollment staff, including staff at subcontracting agencies, is fully trained to provide outreach, enrollment, utilization and retention services and all new staff are fully trained within 30 days of their start date. "Fully trained" is defined as participation in the DHS approved Comprehensive Training "Core", CAA and Healthy Kids Training.	7.1 Attend DHS approved comprehensive training.	7/1/07 - ongoing	7.1a Maintain certificates of attendance in employee files.
8.1 By June 30, 2008, VFC agency will participate in a minimum of 10 of the monthly contractor meetings. "Participate" is defined as attendance by at least one representative from the contracting agency.	8.1a Attend contractors monthly meeting.	7/1/07 - ongoing	8.1a Document name of individual attending monthly meeting in monthly reports to DHS.

EXHIBIT A-5

SCOPE OF WORK

Fiscal Year 2007 – 2008

Goal:\To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD (S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
9.1 By June 30, 2008, VFC will participate in 100% of the Outreach, enrollment utilization, and retention required evaluation activities.	9.1a VFC shall work with DHS for compilation of data, review of outreach efforts, and tracking subcontractors' activities and projects.	7/1/07-ongoing	9.1a Maintain all materials/tools, records of workload reports, enrollment figures and data on file.
10.1 By June 30, 2008, VFC will conduct 100% of Quality Improvement Plan (QIP) Activities.	10.1a Review and revise, as necessary, a QIP describing a process for ensuring continual progress toward measurable objectives, client satisfaction, and success of outreach, enrollment, utilization, and retention services. 10.1b Conduct QIP activities.	By 8/1/07 7/1/07 ongoing	10.1a Submit QIP to DHS for approval. Letter of QIP approval will be maintained on file. Material to be available for random sampling and auditing by DHS. 10.1b Document QIP appropriate activities in monthly reports to DHS.

SCHEDULE 1

VENICE FAMILY CLINIC COMMUNITY HEALTH COVERAGE: SPA 5 OUTREACH, ENROLLMENT, UTILIZATION AND RETENTION

Budget Period

Date of Board Approval
through
June 30, 2004

Full-Time Salaries	\$ 97,960
Employee Benefits @ 23.95%	\$ <u>23,461</u>
Total Full-Time Salaries and Employee Benefits	\$121,421
Part-Time Salaries	\$ 3,000
Employee Benefits @8.87%	\$ <u>263</u>
Total Part-Time Salaries and Employee Benefits	\$ 3,263
Total Salaries and Employee Benefits	\$124,684
Operating Expenses	\$ 7,592
Equipment	\$ 2,220
Rent	\$ 0
Subcontracts	\$ 0
Indirect Cost @ 10% of Salaries	\$ <u>10,096</u>
TOTAL PROGRAM BUDGET	\$144,592

During the term of this Agreement, any variation to the above budget must have prior written approval of the Department of Health Services Director or his designee. Funds shall only be utilized for eligible program expenses.

SCHEDULE 2

VENICE FAMILY CLINIC
COMMUNITY HEALTH COVERAGE: SPA 5
OUTREACH, ENROLLMENT, UTILIZATION AND RETENTION

	<u>Budget Period</u>
	July 1, 2004 through <u>June 30, 2005</u>
Full-Time Salaries	\$100,174
Employee Benefits @ 23.95%	\$ <u>23,461</u>
Total Full-Time Salaries and Employee Benefits	\$123,635
Part-Time Salaries	\$ 3,000
Employee Benefits @8.87%	\$ <u>263</u>
Total Part-Time Salaries and Employee Benefits	\$ 3,263
Total Salaries and Employee Benefits	\$126,898
Operating Expenses	\$ 7,598
Equipment	\$ 0
Rent	\$ 0
Subcontracts	\$ 0
Indirect Cost @ 10% of Salaries	\$ <u>10,096</u>
TOTAL PROGRAM BUDGET	\$144,592

During the term of this Agreement, any variation to the above budget must have prior written approval of the Department of Health Services Director or his designee. Funds shall only be utilized for eligible program expenses.

SCHEDULE 3

VENICE FAMILY CLINIC
COMMUNITY HEALTH COVERAGE: SPA 5
OUTREACH, ENROLLMENT, UTILIZATION AND RETENTION

Budget Period

July 1, 2005
through
June 30, 2006

Full-Time Salaries	\$100,174
Employee Benefits @ 23.95%	\$ <u>23,461</u>
Total Full-Time Salaries and Employee Benefits	\$123,635
Part-Time Salaries	\$ 3,000
Employee Benefits @8.87%	\$ <u>263</u>
Total Part-Time Salaries and Employee Benefits	\$ 3,263
Total Salaries and Employee Benefits	\$126,898
Operating Expenses	\$ 7,598
Equipment	\$ 0
Rent	\$ 0
Subcontracts	\$ 0
Indirect Cost @ 10% of Salaries	\$ <u>10,096</u>
TOTAL PROGRAM BUDGET	\$144,592

During the term of this Agreement, any variation to the above budget must have prior written approval of the Department of Health Services Director or his designee. Funds shall only be utilized for eligible program expenses.

SCHEDULE 4

VENICE FAMILY CLINIC
COMMUNITY HEALTH COVERAGE: SPA 5
OUTREACH, ENROLLMENT, UTILIZATION AND RETENTION

	<u>Budget Period</u> July 1, 2006 through <u>June 30, 2007</u>
Full-Time Salaries	\$100,174
Employee Benefits @ 23.95%	\$ <u>23,461</u>
Total Full-Time Salaries and Employee Benefits	\$123,635
Part-Time Salaries	\$ 3,000
Employee Benefits @8.87%	\$ <u>263</u>
Total Part-Time Salaries and Employee Benefits	\$ 3,263
Total Salaries and Employee Benefits	\$126,898
Operating Expenses	\$ 7,598
Equipment	\$ 0
Rent	\$ 0
Subcontracts	\$ 0
Indirect Cost @ 10% of Salaries	\$ <u>10,096</u>
TOTAL PROGRAM BUDGET	\$144,592

During the term of this Agreement, any variation to the above budget must have prior written approval of the Department of Health Services Director or his designee. Funds shall only be utilized for eligible program expenses.

SCHEDULE 5

VENICE FAMILY CLINIC
COMMUNITY HEALTH COVERAGE: SPA 5
OUTREACH, ENROLLMENT, UTILIZATION AND RETENTION

	<u>Budget Period</u>
	July 1, 2007 through <u>June 30, 2008</u>
Full-Time Salaries	\$100,174
Employee Benefits @ 23.95%	<u>\$ 23,461</u>
Total Full-Time Salaries and Employee Benefits	\$123,635
Part-Time Salaries	\$ 3,000
Employee Benefits @8.87%	<u>\$ 263</u>
Total Part-Time Salaries and Employee Benefits	\$ 3,263
Total Salaries and Employee Benefits	\$126,898
Operating Expenses	\$ 7,598
Equipment	\$ 0
Rent	\$ 0
Subcontracts	\$ 0
Indirect Cost @ 10% of Salaries	<u>\$ 10,096</u>
TOTAL PROGRAM BUDGET	\$144,592

During the term of this Agreement, any variation to the above budget must have prior written approval of the Department of Health Services Director or his designee. Funds shall only be utilized for eligible program expenses.

EXHIBIT A

SCHOOL DISTRICTS

**COMMUNITY HEALTH COVERAGE:
OUTREACH, ENROLLMENT, UTILIZATION AND RETENTION SERVICES**

1. DEFINITION: Community Health Coverage: Outreach, Enrollment, Utilization and Retention Services (CHCOEUR) are comprehensive programs that: develop and utilize a variety of techniques for health coverage outreach and enrollment; provide individual assessments of health coverage eligibility; and develop and utilize a variety of techniques to reduce barriers to health coverage enrollment. The delivery format of such programs may include, but not be limited to: outreach, educational events, eligibility assessment, application assistance and enrollment.

2. PERSONS TO BE SERVED:

A. CHCOEUR services shall be provided in Los Angeles County.

B. Contractor shall provide services to students enrolled in the Los Angeles Unified School District who may be eligible for Healthy Kids, Medi-Cal, Healthy Families or other no-cost or low-cost health coverage programs and who reside in Los Angeles County.

3. SERVICE DELIVERY SITE(S): Contractor's facility(ies) where services are to be provided hereunder are located at: Los Angeles Unified School District, Student Health and

Program, Access to Infants and Mothers, etc. in accordance with EXHIBIT A-1, Scope of Work, attached hereto and incorporated herein by reference.

3. SERVICE DELIVERY SITE(S): Contractor's facilities where services are to be provided hereunder are located at:

National Health Foundation, 515 South Figueroa Street, Suite 1300, Los Angeles, California 90071; Maternal and Child Health Access, 1111 West Sixth Street, Suite 400, Los Angeles, California 90017; and various training sites.

Contractor shall request approval from DHS in writing a minimum of thirty (30) days before terminating services at such location(s) and/or before commencing services at any other location(s).

4. COUNTY'S MAXIMUM OBLIGATION: During the period commencing upon the date of Board approval through June 30 2004, that portion of County's maximum obligation which is allocated under this Exhibit for CHCOEURT services shall not exceed Two Hundred and Fifty Thousand Dollars (\$250,000).

5. COMPENSATION:

County agrees to compensate Contractor for performing services hereunder for actual reimbursable net cost basis as set forth in Schedules 1.

Payment for services provided hereunder shall be subject to the provisions set forth in the PAYMENT Paragraph of the

ADDITIONAL PROVISIONS of this Agreement.

6. SERVICES TO BE PROVIDED:

- A. Contractor shall provide CHCOEURT services in accordance with procedures formulated and adopted by Contractor's staff, consistent with law, regulations, and the terms of this Agreement. Additionally, Contractor shall provide such services as described in Exhibits A-1, Scope of Work, attached hereto and incorporated herein by reference.
- B. Contractor shall obtain written approval from DHS' authorized designee for all educational materials utilized in association with this Agreement prior to its implementation.
- C. Contractor shall submit for approval such educational materials to DHS at least thirty (30) days prior to the projected date of implementation. For the purposes of this Agreement, educational materials may include, but are not limited to, written materials (e.g., curricula, pamphlets, brochures, fliers), audiovisual materials (e.g., films, videotapes), and pictorials (e.g., posters and similar educational materials using photographs, slides, drawings, or paintings).
- D. Failure of Contractor to abide by this requirement may result in the suspension of this Agreement at the Director's sole discretion.

- E. Contractor shall utilize funds received from County for the sole purpose of providing CHCOEURT services.
- F. Contractor shall maintain separate financial accounts of funds received from County.

7. STAFFING REQUIREMENTS:

- A. Contractor shall recruit linguistically and culturally appropriate staff. For the purposes of this Agreement, staff shall be defined as paid and volunteer individuals providing services as described in Exhibit A-1, Scopes of Work, attached hereto and incorporated herein by reference.
- B. Contractor shall maintain recruitment records, to include, but not limited to: 1) job description of all positions funded under this agreement; 2) staff résumé(s); 3) appropriate degrees and licenses; and 4) biographical sketch(es) as appropriate.

In accordance with the ADDITIONAL PROVISION attached hereto and incorporated herein by reference, if during the term of this Agreement an executive director, program director, or a supervisory position becomes vacant, Contractor shall notify DHS' authorized designee in writing prior to filling said vacancy.

8. STAFF DEVELOPMENT AND TRAINING: Contractor shall conduct ongoing and appropriate staff development and training as described in Exhibit A-1, Scope of Work,

attached hereto and incorporated herein by reference.

A. Contractor shall provide and/or allow access to ongoing staff development and training of CHCOEURT staff. Staff Development and training shall include, but not be limited to, periodic health coverage program training, reviews and updates.

B. Contractor shall maintain documentation of staff training in each employee file to include, but, not limited to: 1) date, time, and location of staff training; 2) name of trainer and title, training topic(s); 3) and name of attendees and title.

C. Contractor shall document training activities in the monthly report to DHS.

9. DHS DATA SYSTEM: Contractor shall enter data on training into the DHS Internet-based data tracking and reporting system. Contractor/Subcontractor staff using the DHS data tracking and reporting system will be given a user identification and password to ensure the security of the system and the confidentiality of client records. In the event that an agency staff person terminates employment with the CHCOEURT, Contractor/Subcontractor must delete the user account immediately. In the event that an agency staff person at the administrative level terminates employment with the CHCOEURT, Contractor must contact DHS immediately so that DHS can delete this

administrative account and assign a new administrative account.

10. PROPRIETARY CONSIDERATIONS:

A. County and Contractor agree that aggregated, non-identifying client data and other materials and information developed and or modified under this Agreement may be used by either Contractor or County both during and subsequent to the term of this Agreement.

B. County and Contractor agree to protect the security of all data, materials, and information developed and or produced under this agreement. Further, County and Contractor agree to use best efforts to protect all such data, materials, and information from loss or damage by any cause, including, but not limited to fire and theft.

11. REPORTS: Subject to the reporting requirements of the REPORTS Paragraph of the ADDITIONAL PROVISIONS of this Agreement attached hereto, Contractor shall submit the following report(s):

A. Monthly Report: Contractor shall submit to DHS a monthly report no later than fifteen (15) days after the end of each calendar month. Monthly reports shall clearly reflect all required information as specified on the monthly report form provided by DHS.

- B. Quarterly Reports: Contractor shall submit to DHS a quarterly report within the time period as directed for each quarter. Quarterly reports shall include all the required information and be completed in the correct format.
- C. Annual Report: Contractor shall submit to DHS an annual report within the time period as directed for each year. Annual reports shall include all the required information and be completed in the correct format.
12. ANNUAL TUBERCULOSIS SCREENING FOR STAFF: Prior to employment or provision of services hereunder, and annually thereafter, Contractor shall obtain and maintain documentation of tuberculosis screening for each employee, volunteer, and consultant providing face-to-face client services hereunder. Such tuberculosis screening shall consist of tuberculin skin test (Mantoux test) and/or written certification by a physician that the person is free from active tuberculosis based on a chest x-ray.
13. QUALITY IMPROVEMENT: Contractor shall develop and submit to DHS within ninety (90) days of the execution of this Agreement its written Quality Improvement (QI) Plan. The QI Plan shall describe a process for ensuring continual progress toward measurable objectives, client satisfaction, and success of outreach, enrollment,

utilization, and retention training services.

**EXHIBIT A-1
SCOPE OF WORK**

Fiscal Year 2003 – 2004

Contractor: Los Angeles Unified School District
Contract #: H _____

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>1.1 By June 30, 2004, Los Angeles Unified School District (LAUSD) will have conducted a minimum educational and promotional health coverage presentations and distributed materials to LAUSD staff as follows:</p> <p>Presentations 24/year (2/month) Posters Distributed 5,000 Brochures Distributed 20,000 Teacher Mailings 30,000 UTLA/CTA Advertisements 4/year</p>	<p>1.1a Develop presentation materials, posters, brochures, teacher mailings, and advertisements that include information regarding Healthy Kids, Medi-Cal, Healthy Families, public benefits programs and other no or low-cost health programs. Submit to Department of Health Services (DHS) for approval.</p> <p>1.1b Schedule and conduct presentations for school administrators and staff, maintaining a list of sites, dates, name of presenter, agenda, sign in sheets, and number of participants.</p> <p>1.1c Distribute posters and brochures maintaining a list of sites and quantity.</p> <p>1.1d Complete mailings maintaining a list of dates and number mailed.</p> <p>1.1e Collaborate with UTLA and CTA to disseminate information through advertisements, and maintain copies of newsletters.</p>	<p>By 9/1/03</p> <p>9/1/03 & ongoing</p> <p>9/1/03 & ongoing</p> <p>9/1/03 & ongoing</p> <p>9/1/03 & ongoing</p>	<p>1.1a Materials and DHS approval letter(s) will be kept on file.</p> <p>1.1b Documents will be kept on file and summary of activities will be submitted with monthly reports to DHS.</p> <p>1.1c Posters and brochures will be kept on file and number distributed will be reported monthly to DHS.</p> <p>1.1d Documents will be kept on file and number of mailings reported monthly to DHS.</p> <p>1.1e Documents will be kept on file and number of advertisements placed reported monthly to DHS.</p>

Contractor: Los Angeles Unified School District
Contract #: H

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION	Timeline	Implementation Activities	Measurable Objective(s)
1.2c Documents will be kept on file.	By 9/1/03 & ongoing	1.2c Revise, print, distribute RFI's, and maintain a record of dates and numbers distributed by school site.	Presentations RFI Flyers	1.2 By June 30, 2004, LAUSD will have conducted outreach to parents of children ages 0-5 in the Early Education Centers and parents of school students grades K-12 through outreach presentations and distribution of the Request for Information (RFI) flyers with the National School Lunch Application as follows: 24/year (2/month) 200,000
1.2d Documents will be kept on file.	ongoing	1.2d Develop training materials, conduct training of cafeteria staff, and maintain sign-in sheets and agendas	1.2a Develop outreach protocol including script, agenda, event summary sheets, sign-in forms, and educational and promotional materials that are culturally and linguistically appropriate. Materials will include information regarding Healthy Kids, Medi-Cal, Healthy Families, public benefits programs and other no or low-cost health programs. Other materials will promote services of the Helpline. Submit to Department of Health Services (DHS) for approval. 1.2b Schedule and conduct parent outreach; maintain a list of sites, dates, name of presenter, materials distributed, and number of participants; maintain sign-in sheets and agenda.	
1.2e Documents will be kept on file.	9/1/03 & ongoing	1.2e Inform school staff of RFI process through memorandums and/or school bulletins		

**EXHIBIT A-1
SCOPE OF WORK**

Fiscal Year 2003 – 2004

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
2.1 By June 30, 2004, LAUSD will have pre-screened and assisted families with completion of applications, as appropriate, for enrollment in Healthy Kids, Medi-Cal, Healthy Families, Kaiser Cares for Kids 1 or 2, Access for Infants and Mothers, or California Kids. LAUSD will also have provided client referrals to appropriate health programs or agencies, and to CBOs (i.e., completed RFI's).	2.1a Develop screening, enrollment and referral protocols with associated forms. Submit to DHS for approval.	By 9/1/03	2.1a DHS letters of approval on file.
	2.1b Conduct screening, enrollment, and referral activities utilizing DHS approved client intake and screening forms.	9/1/03-ongoing	2.1b Completed client intake (with referral information) and screening forms will be kept on file; numbers of screenings and enrollments will be documented in monthly reports to DHS.
	2.1c Enter data from DHS approved forms into DHS data system utilizing appropriate codes.	9/1/03-ongoing	2.1c For monthly reports, DHS data system will be queried to generate number of applications submitted.
	2.1d Establish Memorandums of Understanding with each CBO.	7/03-ongoing	2.1d Copy of MOU will be submitted to DHS.
	2.1e Meet quarterly with CBOs	7/03-ongoing	2.1e Agendas, minutes, and sign-in sheets will be kept on file.
Enrollments RFI Referrals to CBOs 1,200 70,000	2.1f Electronically track CBO referrals, and provide RFI tracking system training, as needed.	7/03-ongoing	2.1f Tracking system data will be available for review by DHS. Training materials and sign-in sheets will be kept on file.

**EXHIBIT A-1
SCOPE OF WORK**

Fiscal Year 2003 – 2004

Contractor: Los Angeles Unified School District
Contract #: H _____

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
3.1 By June 30, 2004, LAUSD will enter enrollments and referrals into DHS' web-based data system	<p>3.1a LAUSD will install any necessary computer hardware or software in order to access the Internet.</p> <p>3.1b Train appropriate personnel on data entry.</p> <p>3.1c Enter data into DHS' web-based data system.</p> <p>3.d Run monthly report and send signed copy to DHS.</p>	<p>By 8/1/03</p> <p>By 9/1/03-ongoing</p> <p>By 9/1/03-ongoing</p> <p>By 9/1/03-ongoing</p>	<p>3.1a Agency will demonstrate the ability to access the Internet.</p> <p>3.1b Documentation of training from project coordinator and issuance of username and password for data input.</p> <p>3.1c DHS database.</p> <p>3.1d Maintain copies of signed monthly reports on file.</p>
4.1 By June 30, 2004 LAUSD will ensure that at a minimum 100% of enrollment staff is fully trained to provide outreach, enrollment, utilization and retention services and all new staff are fully trained within 30 days of their start date.	4.1 Attend DHS approved comprehensive training.	7/03 – ongoing	4.1a Maintain certificates of attendance in employee files.
<p>"Fully trained" is defined as participation in the DHS approved Comprehensive Training "Core", CAA and Healthy Kids Training.</p> <p>5.1 By June 30, 2004, LAUSD will participate in a minimum of 10 of the monthly contractor meetings.</p> <p>"Participate" is defined as attendance by at least one representative from the contracting agency.</p>	5.1a Attend contractors monthly meeting.	7/03-ongoing	5.1a Document name of individual attending monthly meeting in monthly reports to DHS.

Contractor: Los Angeles Unified School District
 Contract #: H _____

**EXHIBIT A-1
 SCOPE OF WORK**

Fiscal Year 2003 – 2004

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
6.1 By June 30, 2004 LAUSD will participate in a minimum of 90% of the Outreach, enrollment utilization, and retention required evaluation activities.	6.1a Work with DHS for compilation of data, review of outreach efforts, and tracking subcontractors' activities and projects.	7/03-ongoing	6.1a Maintain all materials/tools, records of workload reports, enrollment figures and data on file.
7.1 By June 30, 2004, LAUSD will conduct at a minimum 90% of the Quality Improvement Plan (QIP) Activities.	7.1a Develop a QIP describing a process for ensuring continual progress toward measurable objectives, client satisfaction, and success of outreach, enrollment, utilization, and retention services. Submit QIP to DHS for approval. 7.1b Conduct QIP activities.	By 9/1/03 9/1/03-ongoing	7.1a Letter of QIP approval will be maintained on file. 7.1b Document QIP appropriate activities in monthly reports to DHS.

**EXHIBIT A-2
SCOPE OF WORK**

Fiscal Year 2004 – 2005

Contractor: Los Angeles Unified School District
Contract #: H _____

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>1.1 By June 30, 2005, Los Angeles Unified School District (LAUSD) will have conducted a minimum educational and promotional health coverage presentations and distributed materials to LAUSD staff as follows:</p> <p>Presentations 24/year (2/month) Posters Distributed 5,000 Brochures Distributed 20,000 Teacher Mailings 30,000 UTLA/CTA Advertisements 4/year</p>	<p>1.1a Review and revise, as necessary, presentation materials, posters, brochures, teacher mailings, and advertisements that include information regarding Healthy Kids, Medi-Cal, Healthy Families, public benefits programs and other no or low-cost health programs. Submit to Department of Health Services (DHS) for approval.</p> <p>1.1b Schedule and conduct presentations for school administrators and staff, maintaining a list of sites, dates, name of presenter, agenda, sign in sheets, and number of participants.</p> <p>1.1c Distribute posters and brochures maintaining a list of sites and quantity.</p> <p>1.1d Complete mailings maintaining a list of dates and number mailed.</p> <p>1.1e Continue to collaborate with UTLA and CTA to disseminate information through advertisements, and maintain copies of newsletters.</p>	<p>By 8/1/04</p> <p>7/1/04 & ongoing</p> <p>7/1/04 & ongoing</p> <p>7/1/04 & ongoing</p> <p>7/1/04 & ongoing</p> <p>7/1/04 & ongoing</p>	<p>1.1a Materials and DHS approval letter(s) will be kept on file.</p> <p>1.1b Documents will be kept on file and summary of activities will be submitted with monthly reports to DHS.</p> <p>1.1c Posters and brochures will be kept on file and number distributed will be reported monthly to DHS.</p> <p>1.1d Documents will be kept on file and number of mailings reported monthly to DHS.</p> <p>1.1e Documents will be kept on file and number of advertisements placed reported monthly to DHS.</p>

Fiscal Year 2004 – 2005

Contract #: H

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

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Contractor: Los Angeles Unified School District
Contract #: H

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
2.1 By June 30, 2005, LAUSD will have pre-screened and assisted families with completion of applications, as appropriate, for enrollment in Healthy Kids, Medi-Cal, Healthy Families, Kaiser Cares for Kids 1 or 2, Access for Infants and Mothers, or California Kids. LAUSD will also have provided client referrals to appropriate health programs or agencies, and to CBOs (i.e., completed RFIs).	2.1a Review and revise, as necessary, screening, enrollment and referral protocols with associated forms. Submit to DHS for approval.	By 8/1/04	2.1a DHS letters of approval on file.
	2.1b Conduct screening, enrollment, and referral activities utilizing DHS approved client intake and screening forms.	7/1/04-ongoing	2.1b Completed client intake (with referral information) and screening forms will be kept on file; numbers of screenings and enrollments will be documented in monthly reports to DHS.
Enrollments RFI Referrals to CBOs	2.1c Enter data from DHS approved forms into DHS data system utilizing appropriate codes.	7/1/04-ongoing	2.1c For monthly reports, DHS data system will be queried to generate number of applications submitted.
	2.1d Continue to establish Memorandums of Understanding with each CBO.	7/1/04-ongoing	2.1d Copy of MOU will be submitted to DHS.
	2.1e Meet quarterly with CBOs	7/1/04-ongoing	2.1e Agendas, minutes, and sign-in sheets will be kept on file.
	2.1f Electronically track CBO referrals, and provide RFI tracking system training, as needed.	7/1/04-ongoing	2.1f Tracking system data will be available for review by DHS. Training materials and sign-in sheets will be kept on file.

**EXHIBIT A-2
SCOPE OF WORK**

Fiscal Year 2004 – 2005

Contractor: Los Angeles Unified School District
Contract #: H _____

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
3.1 By June 30, 2005, LAUSD will enter enrollments and referrals into DHS' web-based data system	<p>3.1a LAUSD will continue to maintain necessary computer hardware or software in order to access the Internet.</p> <p>3.1b Continue to train appropriate personnel on data entry.</p> <p>3.1c Enter data into DHS' web-based data system.</p> <p>3.1d Run monthly report and send signed copy to DHS.</p>	<p>7/1/04-ongoing</p> <p>7/1/04-ongoing</p> <p>7/1/04-ongoing</p> <p>7/1/04-ongoing</p>	<p>3.1a Agency will demonstrate the ability to access the Internet.</p> <p>3.1b Documentation of training from project coordinator and issuance of username and password for data input.</p> <p>3.1c DHS database.</p> <p>3.1d Maintain copies of signed monthly reports on file.</p>
4.1 By June 30, 2005, LAUSD will ensure that at a minimum 100% of enrollment staff is fully trained to provide outreach, enrollment, utilization and retention services and all new staff are fully trained within 30 days of their start date.	4.1 Attend DHS approved comprehensive training.	7/1/04 – ongoing	4.1a Maintain certificates of attendance in employee files.
"Fully trained" is defined as participation in the DHS approved Comprehensive Training "Core", CAA and Healthy Kids Training.			
5.1 By June 30, 2005, LAUSD will participate in a minimum of 10 of the monthly contractor meetings.	5.1a Attend contractors monthly meeting.	7/1/04 ongoing	5.1a Document name of individual attending monthly meeting in monthly reports to DHS.
"Participate" is defined as attendance by at least one representative from the contracting agency.			

**EXHIBIT A-2
SCOPE OF WORK**

Fiscal Year 2004 – 2005

Contractor: Los Angeles Unified School District
Contract #: H

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
6.1 By June 30, 2005, LAUSD will participate in a minimum of 90% of the Outreach, enrollment, utilization, and retention required evaluation activities.	6.1a Work with DHS for compilation of data, review of outreach efforts, and tracking subcontractors' activities and projects.	7/30/04-ongoing	6.1a Maintain all materials/tools, records of workload reports, enrollment figures and data on file.
7.1 By June 30, 2005, LAUSD will conduct at a minimum 90% of the Quality Improvement Plan (QIP) Activities.	7.1a Review and revise, as necessary, QIP describing a process for ensuring continual progress toward measurable objectives, client satisfaction, and success of outreach, enrollment, utilization, and retention services. Submit QIP to DHS for approval. 7.1b Conduct QIP activities.	By 8/1/04 7/1/04-ongoing	7.1a Letter of QIP approval will be maintained on file. 7.1b Document QIP appropriate activities in monthly reports to DHS.

EXHIBIT A-3
SCOPE OF WORK

Fiscal Year 2005 – 2006

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

	Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
1.1	By June 30, 2006, Los Angeles Unified School District (LAUSD) will have conducted a minimum educational and promotional health coverage presentations and distributed materials to LAUSD staff as follows: Presentations Posters Distributed 24/year (2/month) Brochures Distributed 5,000 Teacher Mailings 20,000 UTLACTA 30,000 Advertisements 4/year	1.1a Review and revise, as necessary, presentation materials, posters, brochures, teacher mailings, and advertisements that include information regarding Healthy Kids, Medi-Cal, Healthy Families, public benefits programs and other no or low-cost health services (DHS) for approval. 1.1b Schedule and conduct presentations for school administrators and staff, maintaining a list of sites, dates, name of presenter, agenda, sign in sheets, and number of participants. 1.1c Distribute posters and brochures maintaining a list of sites and quantity. 1.1d Complete mailings maintaining a list of dates and number mailed.	By 8/1/05	1.1a Materials and DHS approval letter(s) will be kept on file. 1.1b Documents will be kept on file and summary of activities will be submitted with monthly reports to DHS. 1.1c Posters and brochures will be kept on file and number distributed will be reported monthly to DHS. 1.1d Documents will be kept on file and number of mailings reported monthly to DHS.
		1.1e Continue to collaborate with UTLA and CTA to disseminate information through advertisements, and maintain copies of newsletters.	7/1/05 & ongoing	1.1e Documents will be kept on file and number of advertisements placed reported monthly to DHS.

Contract #: H

SCOPE OF WORK

Fiscal Year 2005 – 2006

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>1.2 By June 30, 2006, LAUSD will have conducted outreach to parents of children ages 0-5 in the Early Education Centers and parents of school students grades K-12 through outreach presentations and distribution of the Request for Information (RFI) flyers with the National School Lunch Application as follows:</p> <p>Presentations 24/year (2/month) RFI Flyers 200,000</p>	<p>1.2a Review and revise, as necessary, outreach protocol including agenda, event summary sheets, sign-in forms, and educational and promotional materials that are culturally and linguistically appropriate. Materials will include information regarding Healthy Kids, Medi-Cal, Healthy Families, public benefits programs and other no or low-cost health programs. Other materials will promote services of the Helpline. Submit to Department of Health Services (DHS) for approval.</p> <p>1.2b Schedule and conduct parent outreach; maintain a list of sites, dates, name of presenter, materials distributed, and number of participants; maintain sign-in sheets and agenda.</p> <p>1.2c Revise, print, distribute RFIs, and maintain a record of dates and numbers distributed by school site.</p> <p>1.2d Review and revise, as necessary, training materials, conduct training of cafeteria staff, and maintain sign-in sheets and agendas</p> <p>1.2e Continue to inform school staff of RFI process through memorandums and/or school bulletins</p>	<p>By 8/1/05</p> <p>7/1/05 & ongoing</p> <p>7/1/05 & ongoing</p> <p>7/1/05 & ongoing</p>	<p>1.2a Protocol, forms, materials, and DHS approval letter(s) will be kept on file.</p> <p>1.2b Documents will be kept on file and number of participants will be submitted with monthly reports to DHS.</p> <p>1.2c Documents will be kept on file.</p> <p>1.2d Documents will be kept on file.</p> <p>1.2e Documents will be kept on file.</p>

**EXHIBIT A-3
 SCOPE OF WORK**

Fiscal Year 2005 – 2006

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
2.1 By June 30, 2006, LAUSD will have pre-screened and assisted families with completion of applications, as appropriate, for enrollment in Healthy Kids, Medi-Cal, Healthy Families, Kaiser Cares for Kids 1 or 2, Access for Infants and Mothers, or California Kids. LAUSD will also have provided client referrals to appropriate health programs or agencies, and to CBOs (i.e., completed RFIs).	2.1a Review and revise, as necessary, screening, enrollment and referral protocols with associated forms. Submit to DHS for approval.	By 8/1/05	2.1a DHS letters of approval on file.
Enrollments RFI Referrals to CBOs 1,200 70,000	2.1b Conduct screening, enrollment, and referral activities utilizing DHS approved client intake and screening forms.	7/1/05-ongoing	2.1b Completed client intake (with referral information) and screening forms will be kept on file; numbers of screenings and enrollments will be documented in monthly reports to DHS.
	2.1c Enter data from DHS approved forms into DHS data system utilizing appropriate codes.	7/1/05-ongoing	2.1c For monthly reports, DHS data system will be queried to generate number of applications submitted.
	2.1d Continue to establish Memorandums of Understanding with each CBO.	7/1/05-ongoing	2.1d Copy of MOU will be submitted to DHS.
	2.1e Meet quarterly with CBOs	7/1/05 ongoing	2.1e Agendas, minutes, and sign-in sheets will be kept on file.
	2.1f Electronically track CBO referrals, and provide RFI tracking system training, as needed.	7/1/05 ongoing	2.1f Tracking system data will be available for review by DHS. Training materials and sign-in sheets will be kept on file.

Contractor: Los Angeles Unified School District
 Contract #: H _____

EXHIBIT A-3 SCOPE OF WORK

Fiscal Year 2005 – 2006

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
3.1 By June 30, 2006, LAUSD will enter enrollments and referrals into DHS' web-based data system	3.1a LAUSD will continue to maintain necessary computer hardware or software in order to access the Internet. 3.1b Continue to train appropriate personnel on data entry. 3.1c Enter data into DHS' web-based data system. 3.1d Run monthly report and send signed copy to DHS.	7/1/05-ongoing 7/1/05-ongoing 7/1/05-ongoing	3.1a Agency will demonstrate the ability to access the Internet. 3.1b Documentation of training from project coordinator and issuance of username and password for data input. 3.1c DHS database. 3.1d Maintain copies of signed monthly reports on file.
4.1 By June 30, 2006, LAUSD will ensure that at a minimum 100% of enrollment staff is fully trained to provide outreach, enrollment, utilization and retention services and all new staff are fully trained within 30 days of their start date.	4.1 Attend DHS approved comprehensive training.	7/1/05 – ongoing	4.1a Maintain certificates of attendance in employee files.
"Fully trained" is defined as participation in the DHS approved Comprehensive Training "Core", CAA and Healthy Kids Training.			
5.1 By June 30, 2006, LAUSD will participate in a minimum of 10 of the monthly contractor meetings.	5.1a Attend contractors monthly meeting.	7/1/05 ongoing	5.1a Document name of individual attending monthly meeting in monthly reports to DHS.
"Participate" is defined as attendance by at least one representative from the contracting agency.			

**EXHIBIT A-3
 SCOPE OF WORK**

Fiscal Year 2005 – 2006

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
6.1 By June 30, 2006, LAUSD will participate in a minimum of 90% of the Outreach, enrollment, utilization, and retention required evaluation activities.	6.1a Work with DHS for compilation of data, review of outreach efforts, and tracking subcontractors' activities and projects.	7/30/05-ongoing	6.1a Maintain all materials/tools, records of workload reports, enrollment figures and data on file.
7.1 By June 30, 2006, LAUSD will conduct at a minimum 90% of the Quality Improvement Plan (QIP) Activities.	7.1a Review and revise, as necessary, QIP describing a process for ensuring continual progress toward measurable objectives, client satisfaction, and success of outreach, enrollment, utilization, and retention services. Submit QIP to DHS for approval. 7.1b Conduct QIP activities.	By 8/1/05 7/1/05-ongoing	7.1a Letter of QIP approval will be maintained on file. 7.1b Document QIP appropriate activities in monthly reports to DHS.

Contract #: H

SCOPE OF WORK

Fiscal Year 2006 – 2007

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION	Timeline	Implementation Activities	Measurable Objective(s)
1.1	By June 30, 2007, Los Angeles Unified School District (LAUSD) will have conducted a minimum educational and promotional health coverage presentations and distributed materials to LAUSD staff as follows:			
				Presentations Posters Distributed 24/year (2/month) Brochures Distributed 5,000 Teacher Mailings 20,000 UTLA/CTA 30,000 Advertisements 4/year
			1.1a Review and revise, as necessary, presentation materials, posters, brochures, teacher mailings, and advertisements that include information regarding Healthy Kids, Medi-Cal, Healthy Families, public benefits programs and other no or low-cost health services. Submit to Department of Health Services (DHS) for approval.	
			1.1b Schedule and conduct presentations for school administrators and staff, maintaining a list of sites, dates, name of presenter, agenda, sign in sheets, and number of participants.	
			1.1c Distribute posters and brochures maintaining a list of sites and quantity.	
			1.1d Complete mailings maintaining a list of dates and number mailed.	
			1.1e Continue to collaborate with UTLA and CTA to disseminate information through advertisements, and maintain copies of newsletters.	

Contract #: H

EXHIBIT A-4
SCOPE OF WORK

Fiscal Year 2006 – 2007

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION	Timeline	Implementation Activities	Measurable Objective(s)
1.2e Documents will be kept on file.	1.2e Continue to inform school staff of RFI process through memorandums and/or school bulletins	7/1/06 & ongoing	1.2d Review and revise, as necessary, training materials, conduct training of cafeteria staff, and maintain sign-in sheets and agendas	
1.2d Documents will be kept on file.	1.2d Review and revise, as necessary, training materials, conduct training of cafeteria staff, and maintain sign-in sheets and agendas	7/1/06 & ongoing	1.2c Revise, print, distribute RFIs, and maintain a record of dates and numbers distributed by school site.	
1.2c Documents will be kept on file.	1.2c Revise, print, distribute RFIs, and maintain a record of dates and numbers distributed by school site.	7/1/06 & ongoing	1.2b Schedule and conduct parent outreach; maintain a list of sites, dates, name of presenter, materials distributed, and number of participants; maintain sign-in sheets and agenda.	
1.2b Documents will be kept on file and number of participants will be submitted with monthly reports to DHS.	1.2b Schedule and conduct parent outreach; maintain a list of sites, dates, name of presenter, materials distributed, and number of participants; maintain sign-in sheets and agenda.	7/1/06 & ongoing	1.2a Review and revise, as necessary, outreach protocol including agenda, event summary sheets, sign-in forms, and educational and promotional materials that are culturally and linguistically appropriate. Materials will include information regarding Healthy Kids, Medi-Cal, Healthy Families, public benefits programs and other no or low-cost health services of the Helpline. Submit to Department of Health Services (DHS) for approval.	Presentations RFI Flyers 24/year (2/month) 200,000
				By June 30, 2007, LAUSD will have conducted outreach to parents of children ages 0-5 in the Early Education Centers and parents of school students grades K-12 through outreach presentations and distribution of the Request for Information (RFI) flyers with the National School Lunch Application as follows:

Contractor: Los Angeles Unified School District
 Contract #: H _____

EXHIBIT A-4 SCOPE OF WORK

Fiscal Year 2006 – 2007

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
2.1 By June 30, 2007, LAUSD will have pre-screened and assisted families with completion of applications, as appropriate, for enrollment in Healthy Kids, Medi-Cal, Healthy Families, Kaiser Cares for Kids 1 or 2, Access for Infants and Mothers, or California Kids. LAUSD will also have provided client referrals to appropriate health programs, or agencies, and to CBOs (i.e., completed RFIs).	2.1a Review and revise, as necessary, screening, enrollment and referral protocols with associated forms. Submit to DHS for approval.	By 8/1/06	2.1a DHS letters of approval on file.
Enrollments RFI Referrals to CBOs 1,200 70,000	2.1b Conduct screening, enrollment, and referral activities utilizing DHS approved client intake and screening forms.	7/1/06-ongoing	2.1b Completed client intake (with referral information) and screening forms will be kept on file; numbers of screenings and enrollments will be documented in monthly reports to DHS.
	2.1c Enter data from DHS approved forms into DHS data system utilizing appropriate codes.	7/1/06-ongoing	2.1c For monthly reports, DHS data system will be queried to generate number of applications submitted.
	2.1d Continue to establish Memorandums of Understanding with each CBO.	7/1/06-ongoing	2.1d Copy of MOU will be submitted to DHS.
	2.1e Meet quarterly with CBOs	7/1/06 ongoing	2.1e Agendas, minutes, and sign-in sheets will be kept on file.
	2.1f Electronically track CBO referrals, and provide RFI tracking system training, as needed.	7/1/06 ongoing	2.1f Tracking system data will be available for review by DHS. Training materials and sign-in sheets will be kept on file.

**EXHIBIT A-4
SCOPE OF WORK**

Fiscal Year 2006 – 2007

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
3.1 By June 30, 2007, LAUSD will enter enrollments and referrals into DHS' web-based data system	3.1a LAUSD will continue to maintain necessary computer hardware or software in order to access the Internet. 3.1b Continue to train appropriate personnel on data entry. 3.1c Enter data into DHS' web-based data system. 3.1d Run monthly report and send signed copy to DHS.	7/1/06-ongoing 7/1/06-ongoing 7/1/06-ongoing	3.1a Agency will demonstrate the ability to access the Internet. 3.1b Documentation of training from project coordinator and issuance of username and password for data input. 3.1c DHS database. 3.1d Maintain copies of signed monthly reports on file.
4.1 By June 30, 2007, LAUSD will ensure that at a minimum 100% of enrollment staff is fully trained to provide outreach, enrollment, utilization and retention services and all new staff are fully trained within 30 days of their start date.	4.1 Attend DHS approved comprehensive training.	7/1/06 – ongoing	4.1a Maintain certificates of attendance in employee files.
"Fully trained" is defined as participation in the DHS approved Comprehensive Training "Core", CAA and Healthy Kids Training.			
5.1 By June 30, 2007, LAUSD will participate in a minimum of 10 of the monthly contractor meetings.	5.1a Attend contractors monthly meeting.	7/1/06 ongoing	5.1a Document name of individual attending monthly meeting in monthly reports to DHS.
"Participate" is defined as attendance by at least one representative from the contracting agency.			

Contractor: Los Angeles Unified School District
 Contract #: H _____

**EXHIBIT A-4
 SCOPE OF WORK**

Fiscal Year 2006 – 2007

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
6.1 By June 30, 2007, LAUSD will participate in a minimum of 90% of the Outreach, enrollment, utilization, and retention required evaluation activities.	6.1a Work with DHS for compilation of data, review of outreach efforts, and tracking subcontractors' activities and projects.	7/30/06-ongoing	6.1a Maintain all materials/tools, records of workload reports, enrollment figures and data on file.
7.1 By June 30, 2007, LAUSD will conduct at a minimum 90% of the Quality Improvement Plan (QIP) Activities.	7.1a Review and revise, as necessary, QIP describing a process for ensuring continual progress toward measurable objectives, client satisfaction, and success of outreach, enrollment, utilization, and retention services. Submit QIP to DHS for approval. 7.1b Conduct QIP activities.	By 8/1/06 7/1/06-ongoing	7.1a Letter of QIP approval will be maintained on file. 7.1b Document QIP appropriate activities in monthly reports to DHS.

EXHIBIT A-5
SCOPE OF WORK

Fiscal Year 2007 – 2008

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>1.1 By June 30, 2008, Los Angeles Unified School District (LAUSD) will have conducted a minimum educational and promotional health coverage presentations and distributed materials to LAUSD staff as follows:</p> <p>Presentations 24/year (2/month) Posters Distributed 5,000 Brochures Distributed 20,000 Teacher Mailings 30,000 UTLA/CTA Advertisements 4/year</p>	<p>1.1a Review and revise, as necessary, presentation materials, posters, brochures, teacher mailings, and advertisements that include information regarding Healthy Kids, Medi-Cal, Healthy Families, public benefits programs and other no or low-cost health programs. Submit to Department of Health Services (DHS) for approval.</p> <p>1.1b Schedule and conduct presentations for school administrators and staff, maintaining a list of sites, dates, name of presenter, agenda, sign in sheets, and number of participants.</p> <p>1.1c Distribute posters and brochures maintaining a list of sites and quantity.</p> <p>1.1d Complete mailings maintaining a list of dates and number mailed.</p> <p>1.1e Continue to collaborate with UTLA and CTA to disseminate information through advertisements, and maintain copies of newsletters.</p>	<p>By 8/1/07</p> <p>7/1/07 & ongoing</p> <p>7/1/07 & ongoing</p> <p>7/1/07 & ongoing</p>	<p>1.1a Materials and DHS approval letter(s) will be kept on file.</p> <p>1.1b Documents will be kept on file and summary of activities will be submitted with monthly reports to DHS.</p> <p>1.1c Posters and brochures will be kept on file and number distributed will be reported monthly to DHS.</p> <p>1.1d Documents will be kept on file and number of mailings reported monthly to DHS.</p> <p>1.1e Documents will be kept on file and number of advertisements placed reported monthly to DHS.</p>

EXHIBIT A-5
SCOPE OF WORK

Fiscal Year 2007 – 2008

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
1.2 By June 30, 2008, LAUSD will have conducted outreach to parents of children ages 0-5 in the Early Education Centers and parents of school students grades K-12 through outreach presentations and distribution of the Request for Information (RFI) flyers with the National School Lunch Application as follows: Presentations 24/year (2/month) RFI Flyers 200,000	1.2a Review and revise, as necessary, outreach protocol including agenda, event summary sheets, sign-in forms, and educational and promotional materials that are culturally and linguistically appropriate. Materials will include information regarding Healthy Kids, Medi-Cal, Healthy Families, public benefits programs and other no or low-cost health services of the Helpline. Submit to Department of Health Services (DHS) for approval. 1.2b Schedule and conduct parent outreach; maintain a list of sites, dates, name of presenter, materials distributed, and number of participants; maintain sign-in sheets and agenda. 1.2c Revise, print, distribute RFIs, and maintain a record of dates and numbers distributed by school site. 1.2d Review and revise, as necessary, training materials, conduct training of cafeteria staff, and maintain sign-in sheets and agendas 1.2e Continue to inform school staff of RFI process through memorandums and/or school bulletins	By 8/1/07 <	

**EXHIBIT A-5
 SCOPE OF WORK**

Fiscal Year 2007 – 2008

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
2.1 By June 30, 2008, LAUSD will have pre-screened and assisted families with completion of applications, as appropriate, for enrollment in Healthy Kids, Medi-Cal, Healthy Families, Kaiser Cares for Kids 1 or 2, Access for Infants and Mothers, or California Kids. LAUSD will also have provided client referrals to appropriate health programs or agencies, and to CBOs (i.e., completed RFI's).	2.1a Review and revise, as necessary, screening, enrollment and referral protocols with associated forms. Submit to DHS for approval.	By 8/1/07	2.1a DHS letters of approval on file.
Enrollments RFI Referrals to CBOs 1,200 70,000	2.1b Conduct screening, enrollment, and referral activities utilizing DHS approved client intake and screening forms.	7/1/07-ongoing	2.1b Completed client intake (with referral information) and screening forms will be kept on file; numbers of screenings and enrollments will be documented in monthly reports to DHS.
	2.1c Enter data from DHS approved forms into DHS data system utilizing appropriate codes.	7/1/07-ongoing	2.1c For monthly reports, DHS data system will be queried to generate number of applications submitted.
	2.1d Continue to establish Memorandums of Understanding with each CBO.	7/1/07-ongoing	2.1d Copy of MOU will be submitted to DHS.
	2.1e Meet quarterly with CBOs	7/1/07 ongoing	2.1e Agendas, minutes, and sign-in sheets will be kept on file.
	2.1f Electronically track CBO referrals, and provide RFI tracking system training, as needed.	7/1/07 ongoing	2.1f Tracking system data will be available for review by DHS. Training materials and sign-in sheets will be kept on file.

**EXHIBIT A-5
 SCOPE OF WORK**

Fiscal Year 2007 – 2008

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
3.1 By June 30, 2008, LAUSD will enter enrollments and referrals into DHS' web-based data system	3.1a LAUSD will continue to maintain necessary computer hardware or software in order to access the Internet. 3.1b Continue to train appropriate personnel on data entry. 3.1c Enter data into DHS' web-based data system. 3.1d Run monthly report and send signed copy to DHS.	7/1/07-ongoing 7/1/07-ongoing 7/1/07-ongoing	3.1a Agency will demonstrate the ability to access the Internet. 3.1b Documentation of training from project coordinator and issuance of username and password for data input. 3.1c DHS database. 3.1d Maintain copies of signed monthly reports on file.
4.1 By June 30, 2008, LAUSD will ensure that at a minimum 100% of enrollment staff is fully trained to provide outreach, enrollment, utilization and retention services and all new staff are fully trained within 30 days of their start date.	4.1 Attend DHS approved comprehensive training.	7/1/07 – ongoing	4.1a Maintain certificates of attendance in employee files.
"Fully trained" is defined as participation in the DHS approved Comprehensive Training "Core", CAA and Healthy Kids Training. 5.1 By June 30, 2008, LAUSD will participate in a minimum of 10 of the monthly contractor meetings.	5.1a Attend contractors monthly meeting.	7/1/07 ongoing	5.1a Document name of individual attending monthly meeting in monthly reports to DHS.
"Participate" is defined as attendance by at least one representative from the contracting agency.			

Contractor: Los Angeles Unified School District
 Contract #: H _____

**EXHIBIT A-5
 SCOPE OF WORK**

Fiscal Year 2007 – 2008

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
6.1 By June 30, 2008, LAUSD will participate in a minimum of 90% of the Outreach, enrollment, utilization, and retention required evaluation activities.	6.1a Work with DHS for compilation of data, review of outreach efforts, and tracking subcontractors' activities and projects.	7/30/07-ongoing	6.1a Maintain all materials/tools, records of workload reports, enrollment figures and data on file.
7.1 By June 30, 2008, LAUSD will conduct at a minimum 90% of the Quality Improvement Plan (QIP) Activities.	7.1a Review and revise, as necessary, a QIP describing a process for ensuring continual progress toward measurable objectives, client satisfaction, and success of outreach, enrollment, utilization, and retention services. Submit QIP to DHS for approval. 7.1b Conduct QIP activities.	By 8/1/07 7/1/07-ongoing	7.1a Letter of QIP approval will be maintained on file. 7.1b Document QIP appropriate activities in monthly reports to DHS.

SCHEDULE 1

LOS ANGELES UNIFIED SCHOOL DISTRICT
COMMUNITY HEALTH COVERAGE:
OUTREACH, ENROLLMENT, UTILIZATION AND RETENTION

	<u>Budget Period</u>
	Date of Board Approval through <u>June 30, 2004</u>
Full-Time Salaries	\$ 95,018
Employee Benefits @ Various	<u>41,651</u>
Total Full-Time Salaries and Employee Benefits	\$136,669
Part-Time Salaries	\$ 0
Employee Benefits @ 0	<u>0</u>
Total Part-Time Salaries and Employee Benefits	\$ 0
Total Salaries and Employee Benefits	\$136,669
Operating Expenses	\$ 7,548
Equipment	\$ 0
Rent	\$ 0
Subcontracts	\$ 0
Indirect Cost @ 6.456% of Salaries	<u>\$ 5,783</u>
TOTAL PROGRAM BUDGET	\$150,000

During the term of this Agreement, any variation to the above budget must have prior written approval of the Department of Health Services Director or his designee. Funds shall only be utilized for eligible program expenses.

SCHEDULE 2

LOS ANGELES UNIFIED SCHOOL DISTRICT
COMMUNITY HEALTH COVERAGE:
OUTREACH, ENROLLMENT, UTILIZATION AND RETENTION

	<u>Budget Period</u>
	July 1, 2004 through June 30, 2005
Full-Time Salaries	\$ 95,018
Employee Benefits @ Various	<u>41,651</u>
Total Full-Time Salaries and Employee Benefits	\$136,669
Part-Time Salaries	\$ 0
Employee Benefits @ 0	<u>0</u>
Total Part-Time Salaries and Employee Benefits	\$ 0
Total Salaries and Employee Benefits	\$136,669
Operating Expenses	\$ 7,548
Equipment	\$ 0
Rent	\$ 0
Subcontracts	\$ 0
Indirect Cost @ 6.456% of Salaries	<u>\$ 5,783</u>
TOTAL PROGRAM BUDGET	\$150,000

During the term of this Agreement, any variation to the above budget must have prior written approval of the Department of Health Services Director or his designee. Funds shall only be utilized for eligible program expenses.

SCHEDULE 3

LOS ANGELES UNIFIED SCHOOL DISTRICT
COMMUNITY HEALTH COVERAGE:
OUTREACH, ENROLLMENT, UTILIZATION AND RETENTION

	<u>Budget Period</u> July 1, 2005 through <u>June 30, 2006</u>
Full-Time Salaries	\$ 95,018
Employee Benefits @ Various	<u>41,651</u>
Total Full-Time Salaries and Employee Benefits	\$136,669
Part-Time Salaries	\$ 0
Employee Benefits @ 0	<u>0</u>
Total Part-Time Salaries and Employee Benefits	\$ 0
Total Salaries and Employee Benefits	\$136,669
Operating Expenses	\$ 7,548
Equipment	\$ 0
Rent	\$ 0
Subcontracts	\$ 0
Indirect Cost @ 6.456% of Salaries	<u>\$ 5,783</u>
TOTAL PROGRAM BUDGET	\$150,000

During the term of this Agreement, any variation to the above budget must have prior written approval of the Department of Health Services Director or his designee. Funds shall only be utilized for eligible program expenses.

SCHEDULE 4

LOS ANGELES UNIFIED SCHOOL DISTRICT
COMMUNITY HEALTH COVERAGE:
OUTREACH, ENROLLMENT, UTILIZATION AND RETENTION

	<u>Budget Period</u>
	July 1, 2006 through June 30, 2007
Full-Time Salaries	\$ 95,018
Employee Benefits @ Various	<u>41,651</u>
Total Full-Time Salaries and Employee Benefits	\$136,669
Part-Time Salaries	\$ 0
Employee Benefits @ 0	<u>0</u>
Total Part-Time Salaries and Employee Benefits	\$ 0
Total Salaries and Employee Benefits	\$136,669
Operating Expenses	\$ 7,548
Equipment	\$ 0
Rent	\$ 0
Subcontracts	\$ 0
Indirect Cost @ 6.456% of Salaries	<u>\$ 5,783</u>
TOTAL PROGRAM BUDGET	\$150,000

During the term of this Agreement, any variation to the above budget must have prior written approval of the Department of Health Services Director or his designee. Funds shall only be utilized for eligible program expenses.

SCHEDULE 5

LOS ANGELES UNIFIED SCHOOL DISTRICT
COMMUNITY HEALTH COVERAGE:
OUTREACH, ENROLLMENT, UTILIZATION AND RETENTION

	<u>Budget Period</u>
	July 1, 2007 through <u>June 30, 2008</u>
Full-Time Salaries	\$ 95,018
Employee Benefits @ Various	<u>41,651</u>
Total Full-Time Salaries and Employee Benefits	\$136,669
Part-Time Salaries	\$ 0
Employee Benefits @ 0	<u>0</u>
Total Part-Time Salaries and Employee Benefits	\$ 0
Total Salaries and Employee Benefits	\$136,669
Operating Expenses	\$ 7,548
Equipment	\$ 0
Rent	\$ 0
Subcontracts	\$ 0
Indirect Cost @ 6.456% of Salaries	<u>\$ 5,783</u>
TOTAL PROGRAM BUDGET	\$150,000

During the term of this Agreement, any variation to the above budget must have prior written approval of the Department of Health Services Director or his designee. Funds shall only be utilized for eligible program expenses.

EXHIBIT A**NATIONAL HEALTH FOUNDATION (TRAINING)****COMMUNITY HEALTH COVERAGE:
OUTREACH, ENROLLMENT, UTILIZATION AND RETENTION SERVICES**

1. DEFINITION: Community Health Coverage: Outreach, Enrollment, Utilization and Retention Training Services (CHCOEURT) are comprehensive programs that increase the knowledge base of agency staff and community members regarding eligibility and enrollment requirements for various low and no-cost health coverage programs, including but not limited to, Medi-Cal, Healthy Families, Healthy Kids, Child Health and Disability Prevention Program, California Kids, Kaiser Cares for Kids, Access to Infants and Mothers, etc. The delivery format of such training programs include the comprehensive training, training review and updates, condensed comprehensive training, and the program overview.

2. PERSONS TO BE SERVED:

A. CHCOEURT services shall be provided in Los Angeles County.

B. Contractor shall provide services to: agency staff and community members who interact with children and families who may be eligible for various low or no-cost health coverage programs, including but limited to, Healthy Kids, Medi-Cal, Healthy Families, Kaiser Cares for Kids, California Kids, Child Health and Disability Prevention

Program, Access to Infants and Mothers, etc. in accordance with EXHIBIT A-1, Scope of Work, attached hereto and incorporated herein by reference.

3. SERVICE DELIVERY SITE(S): Contractor's facilities where services are to be provided hereunder are located at:

National Health Foundation, 515 South Figueroa Street, Suite 1300, Los Angeles, California 90071; Maternal and Child Health Access, 1111 West Sixth Street, Suite 400, Los Angeles, California 90017; and various training sites.

Contractor shall request approval from DHS in writing a minimum of thirty (30) days before terminating services at such location(s) and/or before commencing services at any other location(s).

4. COUNTY'S MAXIMUM OBLIGATION: During the period commencing upon the date of Board approval through June 30 2004, that portion of County's maximum obligation which is allocated under this Exhibit for CHCOEURT services shall not exceed Two Hundred and Fifty Thousand Dollars (\$250,000).

5. COMPENSATION:

County agrees to compensate Contractor for performing services hereunder for actual reimbursable net cost basis as set forth in Schedules 1.

Payment for services provided hereunder shall be subject to the provisions set forth in the PAYMENT Paragraph of the

ADDITIONAL PROVISIONS of this Agreement.

6. SERVICES TO BE PROVIDED:

- A. Contractor shall provide CHCOEURT services in accordance with procedures formulated and adopted by Contractor's staff, consistent with law, regulations, and the terms of this Agreement. Additionally, Contractor shall provide such services as described in Exhibits A-1, Scope of Work, attached hereto and incorporated herein by reference.
- B. Contractor shall obtain written approval from DHS' authorized designee for all educational materials utilized in association with this Agreement prior to its implementation.
- C. Contractor shall submit for approval such educational materials to DHS at least thirty (30) days prior to the projected date of implementation. For the purposes of this Agreement, educational materials may include, but are not limited to, written materials (e.g., curricula, pamphlets, brochures, fliers), audiovisual materials (e.g., films, videotapes), and pictorials (e.g., posters and similar educational materials using photographs, slides, drawings, or paintings).
- D. Failure of Contractor to abide by this requirement may result in the suspension of this Agreement at the Director's sole discretion.

- E. Contractor shall utilize funds received from County for the sole purpose of providing CHCOEURT services.
- F. Contractor shall maintain separate financial accounts of funds received from County.

7. STAFFING REQUIREMENTS:

- A. Contractor shall recruit linguistically and culturally appropriate staff. For the purposes of this Agreement, staff shall be defined as paid and volunteer individuals providing services as described in Exhibit A-1, Scopes of Work, attached hereto and incorporated herein by reference.
- B. Contractor shall maintain recruitment records, to include, but not limited to: 1) job description of all positions funded under this agreement; 2) staff résumé(s); 3) appropriate degrees and licenses; and 4) biographical sketch(es) as appropriate.

In accordance with the ADDITIONAL PROVISION attached hereto and incorporated herein by reference, if during the term of this Agreement an executive director, program director, or a supervisory position becomes vacant, Contractor shall notify DHS' authorized designee in writing prior to filling said vacancy.

8. STAFF DEVELOPMENT AND TRAINING: Contractor shall conduct ongoing and appropriate staff development and training as described in Exhibit A-1, Scope of Work,

attached hereto and incorporated herein by reference.

A. Contractor shall provide and/or allow access to ongoing staff development and training of CHCOEURT staff. Staff Development and training shall include, but not be limited to, periodic health coverage program training, reviews and updates.

B. Contractor shall maintain documentation of staff training in each employee file to include, but, not limited to: 1) date, time, and location of staff training; 2) name of trainer and title, training topic(s); 3) and name of attendees and title.

C. Contractor shall document training activities in the monthly report to DHS.

9. DHS DATA SYSTEM: Contractor shall enter data on training into the DHS Internet-based data tracking and reporting system. Contractor/Subcontractor staff using the DHS data tracking and reporting system will be given a user identification and password to ensure the security of the system and the confidentiality of client records. In the event that an agency staff person terminates employment with the CHCOEURT, Contractor/Subcontractor must delete the user account immediately. In the event that an agency staff person at the administrative level terminates employment with the CHCOEURT, Contractor must contact DHS immediately so that DHS can delete this

administrative account and assign a new administrative account.

10. PROPRIETARY CONSIDERATIONS:

A. County and Contractor agree that aggregated, non-identifying client data and other materials and information developed and or modified under this Agreement may be used by either Contractor or County both during and subsequent to the term of this Agreement.

B. County and Contractor agree to protect the security of all data, materials, and information developed and or produced under this agreement. Further, County and Contractor agree to use best efforts to protect all such data, materials, and information from loss or damage by any cause, including, but not limited to fire and theft.

11. REPORTS: Subject to the reporting requirements of the REPORTS Paragraph of the ADDITIONAL PROVISIONS of this Agreement attached hereto, Contractor shall submit the following report(s):

A. Monthly Report: Contractor shall submit to DHS a monthly report no later than fifteen (15) days after the end of each calendar month. Monthly reports shall clearly reflect all required information as specified on the monthly report form provided by DHS.

- B. Quarterly Reports: Contractor shall submit to DHS a quarterly report within the time period as directed for each quarter. Quarterly reports shall include all the required information and be completed in the correct format.
- C. Annual Report: Contractor shall submit to DHS an annual report within the time period as directed for each year. Annual reports shall include all the required information and be completed in the correct format.
12. ANNUAL TUBERCULOSIS SCREENING FOR STAFF: Prior to employment or provision of services hereunder, and annually thereafter, Contractor shall obtain and maintain documentation of tuberculosis screening for each employee, volunteer, and consultant providing face-to-face client services hereunder. Such tuberculosis screening shall consist of tuberculin skin test (Mantoux test) and/or written certification by a physician that the person is free from active tuberculosis based on a chest x-ray.
13. QUALITY IMPROVEMENT: Contractor shall develop and submit to DHS within ninety (90) days of the execution of this Agreement its written Quality Improvement (QI) Plan. The QI Plan shall describe a process for ensuring continual progress toward measurable objectives, client satisfaction, and success of outreach, enrollment,

utilization, and retention training services.

**EXHIBIT A-1
 SCOPE OF WORK**

Fiscal Year 2003-2004

Goal No. 1: To increase the knowledge of participants about the availability of health coverage programs, the importance of having and maintaining health coverage for children and either where to get help with enrollment or how to help families enroll.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVES AND DOCUMENTATION
<p>1.1 By 6/30/04, National Health Foundation shall provide a minimum of <u>184</u> hours of training over a 52-week training period with to <u>392</u> to <u>980</u> individuals trained (8 to 20 per training). Training modules will be determined by the agencies requesting training; however, a minimum of the following training modules will be provided:</p> <ol style="list-style-type: none"> 1. <i>Train the trainer</i>, 8hrs: Available on request base 2. <i>Review & Updates/New Initiatives</i>, 2-4hrs: 15 trainings with 120-300 participants 3. <i>Condensed Comprehensive (CHAMP)</i>, 4hrs: 12 trainings with 96-240 participants 4. <i>Program Overview</i>, 1hr: 10 trainings with 80-200 participants 5. <i>Certified Application Assistant (CAA)</i>, 8hrs: 12 trainings with 96-240 participants 	<p>1.1a Update training curricula for each of the 5 training modules, training manuals and post-tests and develop curriculum for new programs. Training curricula will include but not be limited to public and private health program outreach, enrollment and retention/intervention strategies. Submit to DHS for approval.</p> <p>1.1b Schedule trainings and maintain a calendar of training modules requested, sites, dates and times.</p> <p>1.1c Conduct trainings and obtain sign-in sheets and post-tests (whenever applicable).</p>	<p>July 2003 and ongoing</p> <p>August 2003 and ongoing</p> <p>August 2003 and ongoing</p>	<p>1.1a Maintain training curricula on file. DHS letters of material approval will be kept on file.</p> <p>1.1b Master calendar will be kept on file and made available upon site visit by DHS.</p> <p>1.1c Documents (i.e. Sign-in Sheets) will be kept on file and number of participants reported in monthly reports to DHS. Materials to be available for random sampling and auditing by DHS.</p>

**EXHIBIT A-1
SCOPE OF WORK**

Fiscal Year 2003-2004

Goal No. 1: To increase the knowledge of participants about the availability of health coverage programs, the importance of having and maintaining health coverage for children and either where to get help with enrollment or how to help families enroll.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVES AND DOCUMENTATION
2.1 By 6/30/04, Subcontractor Maternal Child Health Access (MCHA) shall provide <u>8</u> Comprehensive Trainings and between <u>10</u> and <u>20</u> New Initiatives Trainings, providing between <u>136</u> and <u>176</u> hours of training.	2.1a Update Comprehensive Training curricula, training manual, education pamphlets/information sheets and post-tests and develop curriculum for new programs. Submit to DHS for approval. 2.1b MCHA will coordinate and schedule own trainings. A calendar of the training sites, dates and times will be kept on file with both NHF and MCH Access	July 2003 - ongoing	2.1a Maintain training curricula on file. DHS letters of material approval will be kept on file.
	2.1c MCH Access will conduct trainings and obtain sign-in sheets and post-tests; NHF will be provided with original documentation.	August 2003 and ongoing	2.1b Master calendar will be kept on file and made available upon site visit by DHS.
3.1 By 6/30/04, 100% of the trainees will receive training manuals and/or educational pamphlets/information sheets.	3.1 Provide training manuals and/or education pamphlets/information sheets and maintain log.	August 2003 and ongoing.	2.1c Documents (i.e. Sign-in sheets) will be kept on file and number reported in monthly reports to DHS. Materials to be available for random sampling and auditing by DHS.
			3.1 Documents (i.e. curricula) will be kept on file and number of participants receiving Training Manual and/or pamphlets/information sheets will be reported in monthly reports to DHS.

**EXHIBIT A-1
 SCOPE OF WORK**

Fiscal Year 2003-2004

Goal No. 1: To increase the knowledge of participants about the availability of health coverage programs, the importance of having and maintaining health coverage for children and either where to get help with enrollment or how to help families enroll.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVES AND DOCUMENTATION
3.2 By 6/30/04, Contractor will follow-up with all training participants who score below 80% on post-tests (10 questions).	3.2a Administer post-test and maintain score log.	August 2003 and ongoing	3.2a Post-test documents will be kept on file and scores shall be written on the post-test. Number of participants scoring 80% or higher shall be reported in monthly reports to DHS.
	3.2b Administer re-test in person or via phone by asking trainees to answer questions missed on the post-test. Maintain log of re-test results.	August 2003 and ongoing	3.2b Re-test results on file (track in Access Database) and reported in monthly reports to DHS.
4.1 By 6/30/04, NHF and MCHA will participate in 90% of the monthly Community Health Coverage: Outreach, Enrollment, Retention and Utilization contractor meetings	4.1a Attend contractors monthly meeting..	7/1/03 – ongoing	4.1a Maintain meeting minutes and document name of individual(s) attending monthly meeting in monthly reports to DHS.
5.1 By 6/30/04, NHF and MCHA will participate in 100% of the Countywide Community Health Coverage Outreach, Enrollment, Retention and Utilization evaluation required activities.	5.1 Contractor shall work with DHS for compilation of data, scores, and review of training efforts.	7/1/03 - ongoing	5.1 Maintain all materials/tools, records of workload reports, enrollment figures and follow-up data on file. All materials and data shall be made available upon site visit.

Contractor: National Health Foundation.
Contract #: H

**EXHIBIT A-1
SCOPE OF WORK**

Fiscal Year 2003-2004

Goal No. 1: To increase the knowledge of participants about the availability of health coverage programs, the importance of having and maintaining health coverage for children and either where to get help with enrollment or how to help families enroll.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVES AND DOCUMENTATION
6.1 By 6/30/04, NHF will conduct 100% of the Quality Improvement Plan activities.	6.1a Develop/Update a QIP describing a process for ensuring continual progress toward measurable objectives in five distinct areas: 1) increasing participant knowledge, 2) assuring trainer quality and participant satisfaction, 3) maintaining training curriculum and materials, 4) organizing training logistics and 5) assuring collaboration. 6.1b Conduct QIP activities	August 2003 and ongoing	6.1a Submit QIP to DHS for approval. Letters of QIP approval will be maintained on file. Material to be available for random sampling and auditing by DHS. 6.1b Document QIP appropriate activities in monthly reports to DHS.

**EXHIBIT A-2
 SCOPE OF WORK**

Fiscal Year 2004-2005

Goal No. 1: To increase the knowledge of participants about the availability of health coverage programs, the importance of having and maintaining health coverage for children and either where to get help with enrollment or how to help families enroll.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVES AND DOCUMENTATION
<p>1.1 By 6/30/05, National Health Foundation shall provide a minimum of 184 hours of training over a 52-week training period with to 392 to 980 individuals trained (8 to 20 per training). Training modules will be determined by the agencies requesting training; however, a minimum of the following training modules will be provided:</p> <ol style="list-style-type: none"> 1. <i>Train the trainer</i>, 8hrs: Available on request base 2. <i>Review & Updates/New Initiatives</i>, 2-4hrs: 15 trainings with 120-300 participants 3. <i>Condensed Comprehensive (CHAMP)</i>, 4hrs: 12 trainings with 96-240 participants 4. <i>Program Overview</i>, 1hr: 10 trainings with 80-200 participants 5. <i>Certified Application Assistor (CAA)</i>, 8hrs: 12 trainings with 96-240 participants 	<p>1.1a Update training curricula for each of the 5 training modules, training manuals and post-tests and develop curriculum for new programs. Training curricula will include but not be limited to public and private health program outreach, enrollment and retention/intervention strategies. Submit to DHS for approval.</p> <p>1.1b Schedule trainings and maintain a calendar of training modules requested, sites, dates and times.</p> <p>1.1c Conduct trainings and obtain sign-in sheets and post-tests (whenever applicable).</p>	<p>July 2004 and ongoing</p> <p>August 2004 and ongoing</p> <p>August 2004 and ongoing</p>	<p>1.1a Maintain training curricula on file. DHS letters of material approval will be kept on file.</p> <p>1.1b Master calendar will be kept on file and made available upon site visit by DHS.</p> <p>1.1c Documents (i.e. Sign-in Sheets) will be kept on file and number of participants reported in monthly reports to DHS. Materials to be available for random sampling and auditing by DHS.</p>

**EXHIBIT A-2
 SCOPE OF WORK**

Fiscal Year 2004-2005

Goal No. 1: To increase the knowledge of participants about the availability of health coverage programs, the importance of having and maintaining health coverage for children and either where to get help with enrollment or how to help families enroll.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVES AND DOCUMENTATION
2.1 By 6/30/05, Subcontractor Maternal Child Health Access (MCHA) shall provide 8 Comprehensive Trainings and between 10 and 20 New Initiatives Training, providing between 136 and 176 hours of training.	2.1a Update Comprehensive Training curricula, training manual, education pamphlets/information sheets and post-tests and develop curriculum for new programs. Submit to DHS for approval. 2.1b MCHA will coordinate and schedule own trainings. A calendar of the training sites, dates and times will be kept on file with both NHF and MCH Access 2.1c MCH Access will conduct trainings and obtain sign-in sheets and post-tests; NHF will be provided with original documentation.	July 2004 - ongoing August 2004 and ongoing August 2004 and ongoing	2.1a Maintain training curricula on file. DHS letters of material approval will be kept on file. 2.1b Master calendar will be kept on file and made available upon site visit by DHS. 2.1c Documents (i.e. Sign-in sheets) will be kept on file and number reported in monthly reports to DHS. Materials to be available for random sampling and auditing by DHS.

**EXHIBIT A-2
 SCOPE OF WORK**

Fiscal Year 2004-2005

Goal No. 1: To increase the knowledge of participants about the availability of health coverage programs, the importance of having and maintaining health coverage for children and either where to get help with enrollment or how to help families enroll.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVES AND DOCUMENTATION
3.1 By 6/30/05, 100% of the trainees will receive training manuals and/or educational pamphlets/information sheets.	3.1 Provide training manuals and/or education pamphlets/information sheets and maintain log.	August 2004 and ongoing.	3.1 Documents (i.e. curricula) will be kept on file and number of participants receiving Training Manual and/or pamphlets/information sheets will be reported in monthly reports to DHS.
3.2 By 6/30/05, Contractor will follow-up with all training participants who score below 80% on post-tests (10 questions).	3.2a Administer post-test and maintain score log. 3.2b Administer re-test in person or via phone by asking trainees to answer questions missed on the post-test. Maintain log of re-test results.	August 2004 and ongoing August 2004 and ongoing	3.2a Post-test documents will be kept on file and scores shall be written on the post-test. Number of participants scoring 80% or higher shall be reported in monthly reports to DHS. 3.2b Re-test results on file (track in Access Database) and reported in monthly reports to DHS.
4.1 By 6/30/05, NHF and MCHA will participate in 90% of the monthly Community Health Coverage: Outreach, Enrollment, Retention and Utilization contractor meetings	4.1a Attend contractors monthly meeting..	7/1/04 – ongoing	4.1a Maintain meeting minutes and document name of individual(s) attending monthly meeting in monthly reports to DHS.

Contractor: National Health Foundation.
 Contract #: H

**EXHIBIT A-2
 SCOPE OF WORK**

Fiscal Year 2004-2005

Goal No. 1: To increase the knowledge of participants about the availability of health coverage programs, the importance of having and maintaining health coverage for children and either where to get help with enrollment or how to help families enroll.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVES AND DOCUMENTATION
5.1 By 6/30/05, NHF and MCHA will participate in 100% of the Countywide Community Health Coverage Outreach, Enrollment, Retention and Utilization evaluation required activities.	5.1 Contractor shall work with DHS for compilation of data, scores, and review of training efforts.	7/1/04 - ongoing	5.1 Maintain all materials/tools, records of workload reports, enrollment figures and follow-up data on file. All materials and data shall be made available upon site visit.
6.1 By 6/30/05, NHF will conduct 100% of the Quality Improvement Plan activities.	6.1a Develop/Update a QIP describing a process for ensuring continual progress toward measurable objectives in five distinct areas: 1) increasing participant knowledge, 2) assuring trainer quality and participant satisfaction, 3) maintaining training curriculum and materials, 4) organizing training logistics and 5) assuring collaboration. 6.1b Conduct QIP activities	August 2004 and ongoing 9/1/04 -ongoing	6.1a Submit QIP to DHS for approval. Letters of QIP approval will be maintained on file. Material to be available for random sampling and auditing by DHS. 6.1b Document QIP appropriate activities in monthly reports to DHS.

**EXHIBIT A-3
 SCOPE OF WORK**

Fiscal Year 2005-2006

Goal No. 1: To increase the knowledge of participants about the availability of health coverage programs, the importance of having and maintaining health coverage for children and either where to get help with enrollment or how to help families enroll.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVES AND DOCUMENTATION
<p>1.1 By 6/30/06, National Health Foundation shall provide a minimum of <u>184</u> hours of training over a 52-week training period with to <u>392</u> to <u>980</u> individuals trained (8 to 20 per training). Training modules will be determined by the agencies requesting training; however, a minimum of the following training modules will be provided:</p> <ol style="list-style-type: none"> 1. <i>Train the trainer, 8hrs:</i> Available on request base 2. <i>Review & Updates/New Initiatives, 2-4hrs:</i> 15 trainings with 120-300 participants 3. <i>Condensed Comprehensive (CHAMP), 4hrs:</i> 12 trainings with 96-240 participants 4. <i>Program Overview, 1hr:</i> 10 trainings with 80-200 participants 5. <i>Certified Application Assistor (CAA), 8hrs:</i> 12 trainings with 96-240 participants 	<p>1.1a Update training curricula for each of the 5 training modules, training manuals and post-tests and develop curriculum for new programs. Training curricula will include but not be limited to public and private health program outreach, enrollment and retention/intervention strategies. Submit to DHS for approval.</p> <p>1.1b Schedule trainings and maintain a calendar of training modules requested, sites, dates and times.</p> <p>1.1c Conduct trainings and obtain sign-in sheets and post-tests (whenever applicable).</p>	<p>July 2005 and ongoing</p>	<p>1.1a Maintain training curricula on file. DHS letters of material approval will be kept on file.</p> <p>1.1b Master calendar will be kept on file and made available upon site visit by DHS.</p> <p>1.1c Documents (i.e. Sign-in Sheets) will be kept on file and number of participants reported in monthly reports to DHS. Materials to be available for random sampling and auditing by DHS.</p>

**EXHIBIT A-3
SCOPE OF WORK**

Fiscal Year 2005-2006

Goal No. 1: To increase the knowledge of participants about the availability of health coverage programs, the importance of having and maintaining health coverage for children and either where to get help with enrollment or how to help families enroll.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVES AND DOCUMENTATION
2.1 By 6/30/06, Subcontractor Maternal Child Health Access (MCHA) shall provide <u>8</u> Comprehensive Trainings and between <u>10</u> and <u>20</u> New Initiatives Training, providing between <u>136</u> and <u>176</u> hours of training.	<p>2.1a Update Comprehensive Training curricula, training manual, education pamphlets/information sheets and post-tests and develop curriculum for new programs. Submit to DHS for approval.</p> <p>2.1b MCHA will coordinate and schedule own trainings. A calendar of the training sites, dates and times will be kept on file with both NHF and MCH Access</p> <p>2.1c MCH Access will conduct trainings and obtain sign-in sheets and post-tests; NHF will be provided with original documentation.</p>	<p>July 2005 - ongoing</p> <p>August 2005 and ongoing</p>	<p>2.1a Maintain training curricula on file. DHS letters of material approval will be kept on file.</p> <p>2.1b Master calendar will be kept on file and made available upon site visit by DHS.</p> <p>2.1c Documents (i.e. Sign-in sheets) will be kept on file and number reported in monthly reports to DHS. Materials to be available for random sampling and auditing by DHS.</p>

**EXHIBIT A-3
 SCOPE OF WORK**

Fiscal Year 2005-2006

Goal No. 1: To increase the knowledge of participants about the availability of health coverage programs, the importance of having and maintaining health coverage for children and either where to get help with enrollment or how to help families enroll.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVES AND DOCUMENTATION
3.1 By 6/30/06, 100% of the trainees will receive training manuals and/or educational pamphlets/information sheets.	3.1 Provide training manuals and/or education pamphlets/information sheets and maintain log.	August 2005 and ongoing.	3.1 Documents (i.e. curricula) will be kept on file and number of participants receiving Training Manual and/or pamphlets/information sheets will be reported in monthly reports to DHS.
3.2 By 6/30/06, Contractor will follow-up with all training participants who score below 80% on post-tests (10 questions).	3.2a Administer post-test and maintain score log.	August 2005 and ongoing	3.2a Post-test documents will be kept on file and scores shall be written on the post-test. Number of participants scoring 80% or higher shall be reported in monthly reports to DHS.
	3.2b Administer re-test in person or via phone by asking trainees to answer questions missed on the post-test. Maintain log of re-test results.	August 2005 and ongoing	3.2b Re-test results on file (track in Access Database) and reported in monthly reports to DHS.
4.1 By 6/30/06, NHF and MCHA will participate in 90% of the monthly Community Health Coverage: Outreach, Enrollment, Retention and Utilization contractor meetings	4.1a Attend contractors monthly meeting..	7/1/05 – ongoing	4.1a Maintain meeting minutes and document name of individual(s) attending monthly meeting in monthly reports to DHS.

Contractor: National Health Foundation.
 Contract #: H _____

**EXHIBIT A-3
 SCOPE OF WORK**

Fiscal Year 2005-2006

Goal No. 1: To increase the knowledge of participants about the availability of health coverage programs, the importance of having and maintaining health coverage for children and either where to get help with enrollment or how to help families enroll.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVES AND DOCUMENTATION
5.1 By 6/30/06, NHF and MCHA will participate in 100% of the Countywide Community Health Coverage Outreach, Enrollment, Retention and Utilization evaluation required activities.	5.1 Contractor shall work with DHS for compilation of data, scores, and review of training efforts.	7/1/05 - ongoing	5.1 Maintain all materials/tools, records of workload reports, enrollment figures and follow-up data on file. All materials and data shall be made available upon site visit.
6.1 By 6/30/06, NHF will conduct 100% of the Quality Improvement Plan activities.	6.1a Develop/Update a QIP describing a process for ensuring continual progress toward measurable objectives in five distinct areas: 1) increasing participant knowledge, 2) assuring trainer quality and participant satisfaction, 3) maintaining training curriculum and materials, 4) organizing training logistics and 5) assuring collaboration. 6.1b Conduct QIP activities	August 2005 and ongoing 9/1/05 -ongoing	6.1a Submit QIP to DHS for approval. Letters of QIP approval will be maintained on file. Material to be available for random sampling and auditing by DHS. 6.1b Document QIP appropriate activities in monthly reports to DHS.

**EXHIBIT A-4
 SCOPE OF WORK**

Fiscal Year 2006-2007

Goal No. 1: To increase the knowledge of participants about the availability of health coverage programs, the importance of having and maintaining health coverage for children and either where to get help with enrollment or how to help families enroll.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVES AND DOCUMENTATION
<p>1.1 By 6/30/07, National Health Foundation shall provide a minimum of <u>184</u> hours of training over a 52-week training period with to <u>392</u> to <u>980</u> individuals trained (8 to 20 per training). Training modules will be determined by the agencies requesting training; however, a minimum of the following training modules will be provided:</p> <ol style="list-style-type: none"> 1. <i>Train the trainer, 8hrs:</i> Available on request base 2. <i>Review & Updates/New Initiatives, 2-4hrs:</i> 15 trainings with 120-300 participants 3. <i>Condensed Comprehensive (CHAMP), 4hrs:</i> 12 trainings with 96-240 participants 4. <i>Program Overview, 1hr:</i> 10 trainings with 80-200 participants 5. <i>Certified Application Assistor (CAA), 8hrs:</i> 12 trainings with 96-240 participants 	<p>1.1a Update training curricula for each of the 5 training modules, training manuals and post-tests and develop curriculum for new programs. Training curricula will include but not be limited to public and private health program outreach, enrollment and retention/intervention strategies. Submit to DHS for approval.</p> <p>1.1b Schedule trainings and maintain a calendar of training modules requested, sites, dates and times.</p> <p>1.1c Conduct trainings and obtain sign-in sheets and post-tests (whenever applicable).</p>	<p>July 2006 and ongoing</p> <p>August 2006 and ongoing</p> <p>August 2006 and ongoing</p>	<p>1.1a Maintain training curricula on file. DHS letters of material approval will be kept on file.</p> <p>1.1b Master calendar will be kept on file and made available upon site visit by DHS.</p> <p>1.1c Documents (i.e. Sign-in Sheets) will be kept on file and number of participants reported in monthly reports to DHS. Materials to be available for random sampling and auditing by DHS.</p>

**EXHIBIT A-4
SCOPE OF WORK**

Fiscal Year 2006-2007

Goal No. 1: To increase the knowledge of participants about the availability of health coverage programs, the importance of having and maintaining health coverage for children and either where to get help with enrollment or how to help families enroll.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVES AND DOCUMENTATION
2.1 By 6/30/07, Subcontractor Maternal Child Health Access (MCHA) shall provide <u>8</u> Comprehensive Trainings and between <u>10</u> and <u>20</u> New Initiatives Training, providing between <u>136</u> and <u>176</u> hours of training.	<p>2.1a Update Comprehensive Training curricula, training manual, education pamphlets/information sheets and post-tests and develop curriculum for new programs. Submit to DHS for approval.</p> <p>2.1b MCHA will coordinate and schedule own trainings. A calendar of the training sites, dates and times will be kept on file with both NHF and MCH Access</p> <p>2.1c MCH Access will conduct trainings and obtain sign-in sheets and post-tests; NHF will be provided with original documentation.</p>	<p>July 2006 - ongoing</p> <p>August 2006 and ongoing</p> <p>August 2006 and ongoing</p>	<p>2.1a Maintain training curricula on file. DHS letters of material approval will be kept on file.</p> <p>2.1b Master calendar will be kept on file and made available upon site visit by DHS.</p> <p>2.1c Documents (i.e. Sign-in sheets) will be kept on file and number reported in monthly reports to DHS. Materials to be available for random sampling and auditing by DHS.</p>

**EXHIBIT A-4
 SCOPE OF WORK**

Fiscal Year 2006-2007

Goal No. 1: To increase the knowledge of participants about the availability of health coverage programs, the importance of having and maintaining health coverage for children and either where to get help with enrollment or how to help families enroll.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVES AND DOCUMENTATION
3.1 By 6/30/07, 100% of the trainees will receive training manuals and/or educational pamphlets/information sheets.	3.1 Provide training manuals and/or education pamphlets/information sheets and maintain log.	August 2006 and ongoing.	3.1 Documents (i.e. curricula) will be kept on file and number of participants receiving Training Manual and/or pamphlets/information sheets will be reported in monthly reports to DHS.
3.2 By 6/30/07, Contractor will follow-up with all training participants who score below 80% on post-tests (10 questions).	3.2a Administer post-test and maintain score log. 3.2b Administer re-test in person or via phone by asking trainees to answer questions missed on the post-test. Maintain log of re-test results.	August 2006 and ongoing	3.2a Post-test documents will be kept on file and scores shall be written on the post-test. Number of participants scoring 80% or higher shall be reported in monthly reports to DHS. 3.2b Re-test results on file (track in Access Database) and reported in monthly reports to DHS.
4.1 By 6/30/07, NHF and MCHA will participate in 90% of the monthly Community Health Coverage: Outreach, Enrollment, Retention and Utilization contractor meetings	4.1a Attend contractors monthly meeting..	7/1/06 – ongoing	4.1a Maintain meeting minutes and document name of individual(s) attending monthly meeting in monthly reports to DHS.

Contractor: National Health Foundation.
 Contract #: H

**EXHIBIT A-4
 SCOPE OF WORK**

Fiscal Year 2006-2007

Goal No. 1: To increase the knowledge of participants about the availability of health coverage programs, the importance of having and maintaining health coverage for children and either where to get help with enrollment or how to help families enroll.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVES AND DOCUMENTATION
5.1 By 6/30/07, NHF and MCHA will participate in 100% of the Countywide Community Health Coverage Outreach, Enrollment, Retention and Utilization evaluation required activities.	5.1 Contractor shall work with DHS for compilation of data, scores, and review of training efforts.	7/1/06 - ongoing	5.1 Maintain all materials/tools, records of workload reports, enrollment figures and follow-up data on file. All materials and data shall be made available upon site visit.
6.1 By 6/30/07, NHF will conduct 100% of the Quality Improvement Plan activities.	6.1a Develop/Update a QIP describing a process for ensuring continual progress toward measurable objectives in five distinct areas: 1) increasing participant knowledge, 2) assuring trainer quality and participant satisfaction, 3) maintaining training curriculum and materials, 4) organizing training logistics and 5) assuring collaboration. 6.1b Conduct QIP activities	August 2006 and ongoing 9/1/06 -ongoing	6.1a Submit QIP to DHS for approval. Letters of QIP approval will be maintained on file. Material to be available for random sampling and auditing by DHS. 6.1b Document QIP appropriate activities in monthly reports to DHS.

**EXHIBIT A-5
SCOPE OF WORK**

Fiscal Year 2007-2008

Goal No. 1: To increase the knowledge of participants about the availability of health coverage programs, the importance of having and maintaining health coverage for children and either where to get help with enrollment or how to help families enroll.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVES AND DOCUMENTATION
<p>1.1 By 6/30/08, National Health Foundation shall provide a minimum of 184 hours of training over a 52-week training period with to 392 to 980 individuals trained (8 to 20 per training). Training modules will be determined by the agencies requesting training; however, a minimum of the following training modules will be provided:</p> <ol style="list-style-type: none"> 1. <i>Train the trainer, 8hrs:</i> Available on request base 2. <i>Review & Updates/New Initiatives, 2-4hrs:</i> 15 trainings with 120-300 participants 3. <i>Condensed Comprehensive (CHAMP), 4hrs:</i> 12 trainings with 96-240 participants 4. <i>Program Overview, 1hr:</i> 10 trainings with 80-200 participants 5. <i>Certified Application Assistor (CAA), 8hrs:</i> 12 trainings with 96-240 participants 	<p>1.1a Update training curricula for each of the 5 training modules, training manuals and post-tests and develop curriculum for new programs. Training curricula will include but not be limited to public and private health program outreach, enrollment and retention/intervention strategies. Submit to DHS for approval.</p> <p>1.1b Schedule trainings and maintain a calendar of training modules requested, sites, dates and times.</p> <p>1.1c Conduct trainings and obtain sign-in sheets and post-tests (whenever applicable).</p>	<p>July 2007 and ongoing</p> <p>August 2007 and ongoing</p> <p>August 2007 and ongoing</p>	<p>1.1a Maintain training curricula on file. DHS letters of material approval will be kept on file.</p> <p>1.1b Master calendar will be kept on file and made available upon site visit by DHS.</p> <p>1.1c Documents (i.e. Sign-in Sheets) will be kept on file and number of participants reported in monthly reports to DHS. Materials to be available for random sampling and auditing by DHS.</p>

**EXHIBIT A-5
SCOPE OF WORK**

Fiscal Year 2007-2008

Goal No. 1: To increase the knowledge of participants about the availability of health coverage programs, the importance of having and maintaining health coverage for children and either where to get help with enrollment or how to help families enroll.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVES AND DOCUMENTATION
2.1 By 6/30/08, Subcontractor Maternal Child Health Access (MCHA) shall provide 8 Comprehensive Trainings and between 10 and 20 New Initiatives Training, providing between 136 and 176 hours of training.	2.1a Update Comprehensive Training curricula, training manual, education pamphlets/information sheets and post-tests and develop curriculum for new programs. Submit to DHS for approval. 2.1b MCHA will coordinate and schedule own trainings. A calendar of the training sites, dates and times will be kept on file with both NHF and MCH Access 2.1c MCH Access will conduct trainings and obtain sign-in sheets and post-tests; NHF will be provided with original documentation.	July 2007 - ongoing August 2007 and ongoing August 2007 and ongoing	2.1a Maintain training curricula on file. DHS letters of material approval will be kept on file. 2.1b Master calendar will be kept on file and made available upon site visit by DHS. 2.1c Documents (i.e. Sign-in sheets) will be kept on file and number reported in monthly reports to DHS. Materials to be available for random sampling and auditing by DHS.

**EXHIBIT A-5
 SCOPE OF WORK**

Fiscal Year 2007-2008

Goal No. 1: To increase the knowledge of participants about the availability of health coverage programs, the importance of having and maintaining health coverage for children and either where to get help with enrollment or how to help families enroll.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVES AND DOCUMENTATION
3.1 By 6/30/08, 100% of the trainees will receive training manuals and/or educational pamphlets/information sheets.	3.1 Provide training manuals and/or education pamphlets/information sheets and maintain log.	August 2007 and ongoing.	3.1 Documents (i.e. curricula) will be kept on file and number of participants receiving Training Manual and/or pamphlets/information sheets will be reported in monthly reports to DHS.
3.2 By 6/30/08, Contractor will follow-up with all training participants who score below 80% on post-tests (10 questions).	3.2a Administer post-test and maintain score log. 3.2b Administer re-test in person or via phone by asking trainees to answer questions missed on the post-test. Maintain log of re-test results.	August 2007 and ongoing	3.2a Post-test documents will be kept on file and scores shall be written on the post-test. Number of participants scoring 80% or higher shall be reported in monthly reports to DHS. 3.2b Re-test results on file (track in Access Database) and reported in monthly reports to DHS.
4.1 By 6/30/08, NHF and MCHA will participate in 90% of the monthly Community Health Coverage: Outreach, Enrollment, Retention and Utilization contractor meetings	4.1a Attend contractors monthly meeting..	7/1/07 – ongoing	4.1a Maintain meeting minutes and document name of individual(s) attending monthly meeting in monthly reports to DHS.

Contractor: National Health Foundation.
 Contract #: H

**EXHIBIT A-5
 SCOPE OF WORK**

Fiscal Year 2007-2008

Goal No. 1: To increase the knowledge of participants about the availability of health coverage programs, the importance of having and maintaining health coverage for children and either where to get help with enrollment or how to help families enroll.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVES AND DOCUMENTATION
5.1 By 6/30/08, NHF and MCHA will participate in 100% of the Countywide Community Health Coverage Outreach, Enrollment, Retention and Utilization evaluation required activities.	5.1 Contractor shall work with DHS for compilation of data, scores, and review of training efforts.	7/1/07 - ongoing	5.1 Maintain all materials/tools, records of workload reports, enrollment figures and follow-up data on file. All materials and data shall be made available upon site visit.
6.1 By 6/30/08, NHF will conduct 100% of the Quality Improvement Plan activities.	6.1a Develop/Update a QIP describing a process for ensuring continual progress toward measurable objectives in five distinct areas: 1) increasing participant knowledge, 2) assuring trainer quality and participant satisfaction, 3) maintaining training curriculum and materials, 4) organizing training logistics and 5) assuring collaboration. 6.1b Conduct QIP activities	August 2007 and ongoing 9/1/07 -ongoing	6.1a Submit QIP to DHS for approval. Letters of QIP approval will be maintained on file. Material to be available for random sampling and auditing by DHS. 6.1b Document QIP appropriate activities in monthly reports to DHS.

SCHEDULE 1

NATIONAL HEALTH FOUNDATION COMMUNITY HEALTH COVERAGE: TRAINING OUTREACH, ENROLLMENT, UTILIZATION AND RETENTION

	<u>Budget Period</u>
	From Date of Board Approval through <u>June 30, 2004</u>
Full-Time Salaries	\$85,301
Employee Benefits @ 28%	<u>23,458</u>
Total Full-Time Salaries and Employee Benefits	\$108,759
Part-Time Salaries	\$ 0
Employee Benefits @ 27.50%	<u>0</u>
Total Part-Time Salaries and Employee Benefits	\$ 0
Total Salaries and Employee Benefits	\$108,759
Operating Expenses	\$ 26,051
Equipment	\$ 0
Rent	\$ 6,660
Subcontracts	
Maternal & Child Health Access	\$100,000
Subcontract Total	\$100,000
Indirect Cost @ 10% of salaries	<u>\$ 8,530</u>
TOTAL PROGRAM BUDGET	\$250,000

During the term of this Agreement, any variation to the above budget must have prior written approval of the Department of Health Services Director or his designee. Funds shall only be utilized for eligible program expenses.

SCHEDULE 2

NATIONAL HEALTH FOUNDATION COMMUNITY HEALTH COVERAGE: TRAINING OUTREACH, ENROLLMENT, UTILIZATION AND RETENTION

Budget Period

July 1, 2004
through
June 30, 2005

Full-Time Salaries	\$85,301
Employee Benefits @ 28%	<u>23,458</u>
Total Full-Time Salaries and Employee Benefits	\$108,759
Part-Time Salaries	\$ 0
Employee Benefits @ 27.50%	<u>0</u>
Total Part-Time Salaries and Employee Benefits	\$ 0
Total Salaries and Employee Benefits	\$108,759
Operating Expenses	\$ 26,051
Equipment	\$ 0
Rent	\$ 6,660
Subcontracts	
Maternal & Child Health Access	\$100,000
Subcontract Total	\$100,000
Indirect Cost @ 10% of salaries	<u>\$ 8,530</u>
TOTAL PROGRAM BUDGET	\$250,000

During the term of this Agreement, any variation to the above budget must have prior written approval of the Department of Health Services Director or his designee. Funds shall only be utilized for eligible program expenses.

SCHEDULE 3

NATIONAL HEALTH FOUNDATION
COMMUNITY HEALTH COVERAGE: TRAINING
OUTREACH, ENROLLMENT, UTILIZATION AND RETENTION

	<u>Budget Period</u>
	July 1, 2005 through <u>June 30, 2006</u>
Full-Time Salaries	\$85,301
Employee Benefits @ 28%	<u>23,458</u>
Total Full-Time Salaries and Employee Benefits	\$108,759
Part-Time Salaries	\$ 0
Employee Benefits @ 27.50%	<u>0</u>
Total Part-Time Salaries and Employee Benefits	\$ 0
Total Salaries and Employee Benefits	\$108,759
Operating Expenses	\$ 26,051
Equipment	\$ 0
Rent	\$ 6,660
Subcontracts	
Maternal & Child Health Access	\$100,000
Subcontract Total	\$100,000
Indirect Cost @ 10% of salaries	<u>\$ 8,530</u>
TOTAL PROGRAM BUDGET	\$250,000

During the term of this Agreement, any variation to the above budget must have prior written approval of the Department of Health Services Director or his designee. Funds shall only be utilized for eligible program expenses.

SCHEDULE 4

NATIONAL HEALTH FOUNDATION
COMMUNITY HEALTH COVERAGE: TRAINING
OUTREACH, ENROLLMENT, UTILIZATION AND RETENTION

	<u>Budget Period</u>
	July 1, 2006 through <u>June 30, 2007</u>
Full-Time Salaries	\$85,301
Employee Benefits @ 28%	<u>23,458</u>
Total Full-Time Salaries and Employee Benefits	\$108,759
Part-Time Salaries	\$ 0
Employee Benefits @ 27.50%	<u>0</u>
Total Part-Time Salaries and Employee Benefits	\$ 0
Total Salaries and Employee Benefits	\$108,759
Operating Expenses	\$ 26,051
Equipment	\$ 0
Rent	\$ 6,660
Subcontracts	
Maternal & Child Health Access	\$100,000
Subcontract Total	\$100,000
Indirect Cost @ 10% of salaries	<u>\$ 8,530</u>
TOTAL PROGRAM BUDGET	\$250,000

During the term of this Agreement, any variation to the above budget must have prior written approval of the Department of Health Services Director or his designee. Funds shall only be utilized for eligible program expenses.

SCHEDULE 5

NATIONAL HEALTH FOUNDATION COMMUNITY HEALTH COVERAGE: TRAINING OUTREACH, ENROLLMENT, UTILIZATION AND RETENTION

	<u>Budget Period</u>
	July 1, 2007 through <u>June 30, 2008</u>
Full-Time Salaries	\$85,301
Employee Benefits @ 28%	<u>23,458</u>
Total Full-Time Salaries and Employee Benefits	\$108,759
Part-Time Salaries	\$ 0
Employee Benefits @ 27.50%	<u>0</u>
Total Part-Time Salaries and Employee Benefits	\$ 0
Total Salaries and Employee Benefits	\$108,759
Operating Expenses	\$ 26,051
Equipment	\$ 0
Rent	\$ 6,660
Subcontracts	
Maternal & Child Health Access	\$100,000
Subcontract Total	\$100,000
Indirect Cost @ 10% of salaries	<u>\$ 8,530</u>
TOTAL PROGRAM BUDGET	\$250,000

During the term of this Agreement, any variation to the above budget must have prior written approval of the Department of Health Services Director or his designee. Funds shall only be utilized for eligible program expenses.